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ABSTRACT

This Master Plan of Operation has two parts: The Framework and the Program. Part I (the Framework) sets out the articles of agreement between the Government of Afghanistan and the United Nations Children's Fund (UNICEF) concerning a 1-year program for the improvement of social services for children and mothers regarded as the most disadvantaged groups in rural areas. Part II (the Program) describes each project in the program and specifies the responsibilities of the relevant Government Ministries and Departments for their implementation. The Program consists of six components: (1) integrated rural development, centering on safe drinking water, women's activities and nutrition services; (2) delivery of health services and training of health personnel and village health workers; (3) rural water supply; (4) development of primary school curriculum and preservice and inservice teacher education to prepare teachers to use new textbooks; (5) support activities; and (6) development activities. (Author/MP)

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MASTER PLAN OF OPERATION FOR PREPARING A PROGRAMME OF INTER-RELATED SERVICES FOR CHILDREN IN AFGHANISTAN 1977-1978

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PART I : THE FRAMEWORK

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MASTER PLAN OF OPERATION FOR PREPARING A PROGRAMME OF INTER-RELATED SERVICES FOR CHILDREN IN AFGHANISTAN

The Government of the Republic of Afghanistan (hereafter referred to as the Government), the World Health Organisation (hereafter referred to as WHO), the United Nations Educational, Scientific and Cultural Organisation (hereafter referred to as UNESCO), and the United Nations Children's Fund (hereafter referred to as UNICEF),

BEING DESIROUS of obtaining mutual agreement with regard to implementing a Programme of Inter-related Services for Children in Afghanistan.

PREFERRING particularly to the objectives and methodology, and the responsibilities which shall be assumed by each of the contracting parties as specified in this Master Plan of Operations, and

DECLARING that these responsibilities will be fulfilled in a spirit of friendly co-operation,

HAVE AGREED AS FOLLOWS:

ARTICLE I

Basis of Relationships

This Master Plan of Operation for the improvement of Services for Children in Afghanistan supercedes the following Plans of Operation:

(i) The Development of Public Health Services signed in January 1976.

(ii) A Rural Water Supply Project signed in August 1974.

(iii) For the Improvement of Primary Education signed in October 1974.

(iv) For the Development of a Transport and Equipment Management Organisation signed in February 1973.

The intention of this Master Plan of Operation is to record agreement reached between the Government and UNICEF for a programme for the period of one year corresponding approximately to the Afghan Year 1356-1357 - (March 1977 - March 1978).

The Basic Agreement concluded between the Government and UNICEF in 22 October 1970, provides the basis for relationship between the Government and UNICEF for the implementation of this Programme and its Component Projects.

ARTICLE II

Area

The operational area of this Master Plan of Operation will cover the whole territory of the Republic of Afghanistan with particular emphasis on the activities benefitting children, youth, and women in the rural areas.

ARTICLE III

Background

The Government has recently finalised its first Seven Year Economic and Social Development Plan. The plan gives special consideration to the development of human resources, as well as to the maintenance of social equity and efficiency in economic services. The Seven Year Plan is a general framework; in order to introduce flexibility in planning, annual plans will be formulated in which the pattern of resource allocations will be adjusted every year in accordance with the ability of the economy to absorb investment in various sectors. The Plan covers the period March 1976 to March 1983 (Afghan Years: 1355 to 1361).

The following paragraphs refer to these sectors of the Governments' Plan which corresponds to the priority concerns of UNICEF.

Particular consideration is given in the Government plan to the development of rural areas, in which 85% of the population lives. In order that the rural population may benefit from social and economic development, the Government has undertaken a large and multi-purpose rural development programme. This programme, formulated in accordance with the Charter of the Rural Development Department, is planned to meet the basic needs of the people, reduce their geographic isolation and raise their income levels.

Apart from the number of important physical works, a more comprehensive transformation of the villages is being attempted through a number of multi-purpose projects. These will be launched after the necessary studies have been completed. Particular attention will be given to provinces in the central part of the country as well as Badakhshan, Ghazni, and Herat.

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The Government recognizes that health services play an important role in raising the economic efficiency of rural communities and one of the Governments important objectives is to create a widespread network of public health services. However, these services so far have not been developed to the extent necessary to serve the major part of the population which lives in the rural areas.

Children of less than 7 years of age comprise 24.2% of the population. According to various surveys, 25% of infants between 1 and 3 years of age are undernourished.

Problems which have to be overcome include the widespread shortage of safe water, non-application of environmental health standards, and a low level of general information all of which contribute to the spread of contagious diseases. Multiple births and shortage of nutritious food contribute to malnutrition and related diseases in mothers and children.

The Government is well aware of these problems and the Seven Year Plan calls for the provision of more Basic Health Centres so that the rural areas of the country will benefit. Provincial and regional hospitals are also to be developed as a step towards completion of a sound medical referral system, and communicable disease control strengthened, with attention being paid to the integration of the present vertical programmes into the basic health services. Further efforts are made to expand the rural drinking water programme.

Shortage of financial resources and technical personnel seriously hamper the growth of the public health facilities. The Government is taking steps to correct this and also to improve the administrative rules and regulations so as to contribute to a balanced development of services. The need for an incentive system for the proper distribution of professional personnel throughout the country is also recognized.

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Though education has spread considerably during the past 20 years, the continuing lack of trained personnel and the continuing low level of literacy remain major constraints for economic development. At present the primary school enrollment is 789,000 students which is quoted as 28.8% of the population between 7 and 14 years of age.

The present primary school system is made up of regular primary schools, having 6 grades, but in the majority of rural areas there are only 'village schools' covering the first three of these grades. Experience has shown that the village schools have not succeeded in making significant numbers of children literate. Even the 6-grade primary schools find this difficult to achieve. Therefore, under the current educational reforms, primary schools and village schools will gradually be merged to form 8-grade schools. By the end of the Seven Year Plan, this process will almost be completed. It is intended that enrollment of the 7-14 age group will go up from 28.8% to 39.6%, and that the ratio between girls and boys in schools shall be reduced from the present 1:5 to 1:3.

The school drop-out rate is at present estimated to be between 20% and 30%. This undoubtedly leads to waste of financial and human resources, and every effort will be made to improve this under the Seven Year Plan.

Further improvements to the curriculum will be made and during the last year of the primary level, vocational education will be stressed.

The Government attaches particular importance to improving the balance between the educational levels. Thus, during the plan period primary schools will be developed but no further high schools will be opened.

The National Programme of Adult Education and Adult Literacy established under the Ministry of Education is to continue its programme of functional literacy to adults between 18 and 35 years of age. More attention will be given to developing programmes specifically for women.

The support which UNICEF will give the Government priority programmes is outlined in Article IV - VI and described in more detail in Part II.

ARTICLE IV

The Parameters

Beneficiaries: Priority should be given to children, their mothers and potential mothers, from the neediest groups.

Area: Priority should be given to rural disadvantaged areas.

Minimum basic services: The Programme covered by this Master Plan of Operation should provide the minimum adequate services to the maximum number of children and should begin to deliver these services within the shortest possible time.

Convergence and Linkages: Services should reach the same children, the same families and in the same areas. In addition, services should be linked to other supporting services and facilities in the community.

Replicability: The Programme should be suitable, acceptable and viable for wide-scale implementation.

Local participation: The Programme must seek the active support of the community members, and in the cultural conditions of Afghanistan take the family as the unit for involvement.

Self-reliance: The Programme should move towards being self-sustaining at the earliest possible time and should support the Government's goal of economic independence. Wherever possible, imported assistance inputs, should be kept to a minimum.

ARTICLE V

Objectives

The overall objective is to prepare the groundwork for eventually delivering a programme of inter-related services to the most vulnerable groups in society: children and their mothers.

The main aim of this Master Plan of Operation is to assist the Government, through its various ministries and departments, improve the quality of its existing programmes directed to these groups, to establish the necessary inter-linkages, and to develop new programmes which will progressively extend the range and scope of services.

More specific objectives are:

To assist the development of low-cost inter-related social services in rural communities centering on safe drinking water, women's activities and nutrition services.

To develop and expand the coverage of basic health services for young children and mothers.

To work towards the provision of safe drinking water facilities for a further 300,000 of the rural population.

To assist in up-dating the primary school curriculum and ensuring that new books and teaching techniques are effectively used.

To develop the necessary trained manpower to serve the above programmes.

To assist in the effective deliver and maintenance of UNICEF equipment.

To co-operate with the Government in preparing a Five Year Programme of UNICEF Assistance.

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ARTICLE VI

Outline of the Programme

The programme consists of six components: Rural Development (Basic Services for Children), Delivery of Health Services, Rural Water Supply, Education, Support Activities, and Development Activities.

A brief outline of each project which makes up the total programme is given in this Article; more detailed descriptions are given in Part II of this Master Plan of Operation.

Rural Development

The Ghorband Integrated Rural Development Project (Basic Services for Children) is one of the first of a series of area development projects launched under the Seven Year Development Plan through the Rural Development Department. Its programme covers a wide range of development activities, but UNICEF's assistance will concentrate on the provision of safe drinking water and social programmes related to this including education and community activities, with an emphasis on programmes for women.

The location of the project, 130 Kms. from Kabul is intended to provide the possibility of frequent monitoring, while at the same time serving a population of 85,000 inhabitants living in mountainous terrain divided by narrow valleys.

Delivery of Health Services

The provision of Basic Health Services to the majority of the population was established as the major objective of the Afghanistan Country Health Programme. A network of Basic Health Centres provides health services to the rural communities, and this will be expanded on a progressive basis. The Ministry of Public Health is also working towards the

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integration of vertical programmes of Smallpox, T.B., and Malaria Control. UNICEF's assistance is directed towards providing necessary drugs, other supplies, and transport.

A Village Health Worker Project has been established by the Ministry of Public Health on an experimental basis to discover how the services provided by the Basic Health Centres can be further extended to reach even more isolated rural people. It is intended to develop a system using the villages' own resources by recruiting village health workers who will undergo a short training course, and then be backed-up by the nearest Basic Health Centre. UNICEF will provide basic equipment and drugs, together with transport for supervision, and also provide funds for the training courses.

The T.B. Control Project is launched against the large number of contagious T.B. patients, as well as non-infectious T.B. cases. Only a small proportion of these have been identified at present and put under treatment. UNICEF will provide necessary supplies, including transport, as well as operational expenses of vaccination personnel for one year, to complete the attack phase of the T.B. control programme. UNICEF will also provide funds for training programmes.

The Malaria Control Project is intended to manage a surveillance phase so that malaria cases among the population at risk can be kept to an acceptable minimum. The Ministry of Public Health will continue its spraying programme using DDT and Malathion. UNICEF will supply anti-malaria drugs, and home visit cards. UNICEF will also finance training programmes for malaria workers.

In-Service and Pre-Service Training for Health Workers is an important support activity to all the programmes of the Ministry of Public Health and is organized through the Public Health Institute. UNICEF will assist this work by providing funds and equipment for selected training programmes, and also assist the Institute in producing a film on communicable diseases and their prevention. UNICEF

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will also assist selected applied research activities, including the development of national standards in weight and height for children in Afghanistan.

The Public Health Institute is also administratively responsible for the Shewaki Basic Health Centre which is to function as a training centre for the staff of Basic Health Centres throughout the country. UNICEF will provide drugs for the Shewaki Centre.

The Delivery of Specialized Services for Children is part of the on-going activities of the Institute of Child Health. UNICEF will assist the Institute in this work by providing drugs and equipment as well as funds for supporting training programmes and publishing selected training manuals.

National Nursing Services are organised by the Ministry of Public Health to provide trained nurses for hospitals and clinics. UNICEF will provide supplies and equipment and funds for training courses aimed at increasing the supply of female auxiliary nurse/ midwives. Funds will also be provided for the publication of a training manual.

National Health Laboratory Services are an essential support to the work of the Ministry of Public Health, and the demand for these services has increased as a result of the development of the health services throughout the country. UNICEF will provide laboratory equipment and supplies for peripheral laboratories and Basic Health Centres, as well as to the National Health Laboratory in Kabul. Funds for in-service training of laboratory technicians will also be given.

The Early Childhood Immunization Project will be organised by the Ministry of Public Health. In order to achieve satisfactory coverage a dual approach will be adopted by carrying out vaccinations in existing health institutions (hospitals, Basic Health Centres and MCH clinics) and also through special vaccination teams moving from village to village .

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UNICEF will provide equipment for setting-up a 'cold chain' and also provide vaccines (BCG, DPT, Tetanus Toxoid, Polio-Myelitis and Measles), syringes and needles. In addition, funds for the local training of personnel will be made available.

Initial Support to the Local Production of Drugs has been particularly requested by the Government. Plans are under consideration for the establishment of a new factory with bilaterial technical and financial assistance. UNICEF will provide limited funds for consultancy services, investigatory visits abroad for selected personnel and local training costs in order to assist the project preparation stage.

Rural Water Supply

The Government's safe drinking water programme will provide:

(i) Piped water systems from springs or deep wells, using gravity flow or power pumps; and

(ii) Handpumps fitted to deep and shallow wells.

The installations will be backed-up by a maintenance system organised at village and rural levels. Priority will be given to Basic Health Centres and educational institutions, and to activities in the three 'noted' provinces of Badakhshan, Oruzgan, and Ghor. To assist the Ministry of Public Health Department in the implementation of this programme UNICEF will continue to provide the necessary supplies, tranport, and training grants.

UNICEF will continue to provide the services of an international Geohydrologist, and Field Project Officer (Drilling Engineer), and locally-recruited Pump Technician. This technical support will be strengthened by recruiting an experienced international water engineer to act as Team Leader, who will assist the Government in its overall planning of an increasingly complex programme. To support this technical input, UNICEF will also provide funds for local training in Kabul, and costs for the overseas training of one geohydrologist.

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For the deep-well programme organised through the Ministry of Water and Power, UNICEF will seek from a special donor ('noted' funds) the provision of additional heavy drilling rigs and supporting equipment. In addition, UNICEF will provide, through its regular funds, spare parts for the rig already provided, as well as laboratory equipment for water-quality testing undertaken by the Ministry of Water and Power.

Consideration will also be given to assisting with a pilot project on environmental sanitation.

Education

Curriculum Development for Primary Education has been undertaken by the Ministry of Education as a continuous process since 1964 and teachers' guides have been printed for the first four grades of the primary cycle, and further work is underway for the other primary grades, including grades 7 - 8 to which the primary cycle has recently been extended. UNICEF will assist the Ministry of Education to familiarize primary school teachers with the new textbooks through funding courses in various parts of the country.

Supplementary Materials for Pre-Service Training For Teachers are needed to ensure that new teachers are also familiar with the new textbooks. UNICEF will provide materials and funds to enable the Ministry of Higher Education to prepare and organise suitable courses as part of the regular programme of Teacher Training Institutions.

In-Service Training of Primary School Teachers is also necessary to ensure the maintenance and improvement of quality in the educational system. UNICEF will assist the Ministry of Education in running courses in various parts of the country through the provision of materials and funds for training.

Educational Activities in Nutrition will be developed by the Faculty of Pharmacy (University of Kabul) with assistance from UNICEF. Activities will include a National Seminar on Nutrition.

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Practical Training for Medical Students in the techniques of community medicine is recognised as increasingly important, particularly as graduates of the Faculty of Medicine (Kabul and Nangarhar Universities) are expected to serve in Basic Health Centres for a period of at least two years after graduation. UNICEF will finance a visit by a joint team from the Universities of Kabul and Nangarhar and the Ministry of Public Health to study community medicine programmes in rural areas developed by the University of the Philippines. UNICEF will also assist Kabul University Faculty of Medicine in the establishment of a Field Training Centre and in funding Public Health Surveys in selected rural areas.

Pre-School Education activities are at present organised on a limited scale by the Afghan Women's Organisation. There is a need to extend the services and to integrate them with health care programmes. As a first step UNICEF will assist in the establishment of a new day-care centre in a suburb of Kabul to be used as a demonstration centre in the delivery of health services integrated with pre-school education.

Introduction of Child Care Education is an opportunity provided through the Functional Literacy Programme for women organised by the Directorate of Adult Educational and Functional Literacy of the Ministry of Education. UNICEF will assist in the development of suitable curriculum materials and the training of instructors.

Support Activities

A Transport and Equipment Maintenance Organisation (TEMO) has been established by the Ministry of Public Health with assistance from UNICEF. Use of TEMO by other Ministries using UNICEF equipment will be encouraged, but charges will be made according to labour costs and sharing of overheads. A modern workshop complex for the use of TEMO is very near completion. UNICEF will provide heating units and other necessary equipment for TEMO as well as a comprehensive range of spare parts for the UNICEF transport fleet. In addition, UNICEF will continue to provide the services of a TEMO Adviser, TEMO Assistant, and support staff.

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Supply Flow of the equipment provided to the Ministry of Public Health as well as to other ministries, is now channelled through a Central Warehouse established under the Ministry of Public Health. UNICEF will provide necessary equipment for the proper functioning of the Warehouse, and also employ a Warehouse Assistant who assists in the receipt, recording and issue of UNICEF supplies. UNICEF has funds available for consultant services.

Development Activities

A Country Planning exercise will be necessary during the period covered by this Master Plan of Operations in order to prepare further Master Plan to cover the remaining 5 years of the Seven Year Economic and Social Development Plan. This will build on the experience of the present Plan and lead further to the goal of the delivery of inter-related services to the target groups of children and mothers. The necessary planning meetings will be organised in co-operation with the Ministry of Planning and the executing ministries and departments. Short-term consultant services will be available if required

New Project Development is provided for on a limited scale in the Master Plan of Operation in order to allow for the preliminary development of new activities which may be identified for inclusion in the subsequent Five Year Plan.

The Reimbursable Procurement services of UNICEF has been used considerably in the past, particularly by the Ministry of Public Health. Funds are provided in this Master Plan of Operation to organise a special unit within the UNICEF Country Office to handle this service.

ARTICLE VII

Administration and Assignment of Responsibility

The Ministry of Planning will be responsible for the co-ordination of this programme. As the focal point in Government for UNICEF assistance, the Ministry will ensure that the necessary co-ordination is established and maintained between the various components of the programme.

Under the Ministry of Planning, UNICEF's collaboration with the Government will include project activities with the following Ministries and Departments: Ministry of Public Health, Ministry of Higher Education, Ministry of Education, Ministry of Water and Power, Department of Rural Development.

The specific responsibilities for each component and project of the programme are described in Part II of this Master Plan of Operation. A Description of Project Activities (Work Plan) is set out for each project in order to make clear how its is expected each project will develop and meet its objectives. The details and timetable of these project activities may be modified by mutual agreement between UNICEF and the implementing Government agency, as provided in Article XIII - (Final Provisions).

ARTICLE VIII

Commitments of the Government

The Government undertakes to provide all personnel, premises and funds necessary for the programme except as provided by UNICEF and the other United Nations Agencies, subject to conditions set forth in this Master Plan of Operation. Funds for the implementation of the different Components of this Programme are for a period of one year.

It is estimated that the total cost of the Programme to Government for the period of one year will be the equivalent of approximately U.S.$ 4.5 million in local currency, broken down as follows:

Rural Development (Basic Services for Children)	$ 700,000
Health and Rural Water Supply	2,8000,000
Education	1,000,000

The Government will continue the programme, within the scope of its available resources, after the assistance of WHO, UNESCO, and UNICEF has ended.

The Government shall assume full responsibility in respect of any claims which may be brought against UNICEF, WHO, and UNESCO, their advisers, agents, and employees, and shall hold harmless UNICEF, WHO AND UNESCO, their advisers, agents and employees in case of any claim or liabilities resulting from operations under this Agreement, except where it is agreed by the Government, UNICEF, WHO, and UNESCO that such claims or liabilities arise from the gross negligence or willful miscounduct of such advisers, agents or employees.

The Government shall ensure or indemnify UNICEF for civil liability under the laws of the country in respect of vehicles provided, or to be provided for the programme.

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ARTICLE IX

Commitments of WHO

WHO will provide technical advice and assistance to this project through its Regional Office and its staff in the field as and when required for its successful execution.

ARTICLE X

Commitments of UNESCO

Subject to the decisions of the General Conference of UNESCO, to the availability of funds, and to the Government's submission of necessary requests, UNESCO shall provide technical advice during the period covered by this Master Plan of Operations:

(a) From the UNESCO Regional Office for Education in Asia, on the design, implementation and evaluation of the educational components of the programme.

(b) Through services of UNESCO education specialists stationed in Afghanistan.

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ARTICLE XI

Commitments Of UNICEF

The UNICEF Executive Board at its 1977 session approved of US $2,781,000 for the implementation of the programme described in this Master Plan of Operation. In addition, the Board approved a 'noted' component of US $644,500 for the Rural Water Supply project and the Early Childhood Immunization Project. The expenditure of these additional funds depends on their availability from donor Governments.

The deployment of the allocations from general resources is as follows:

Project	Allocation (US $)	(US $)
RURAL DEVELOPMENT		237,500
Ghorband Integrated Rural Development Project (Basic Services for Children)	237,500	
DELIVERY OF HEALTH SERVICES		1,356,900
Basic Health Services	636,900	
Village Health Workers	13,800	
T.B. Control	250,400	
Malaria Control	99,000	
In-Service and Pre-Service Training Workers (Public Health Institute)	111,100	
Delivery of Specialised Services for Children (Institute of Child Health)	36,300	
National Nursing Services	45,400	
National Health Laboratory Services	86,000	
Early Childhood Immunization	28,000	
Initial Support to Local Production of Drugs	50,000	

Project	Allocation	
	(US $)	(US $)
RURAL WATER SUPPLY	631,600	631,600
EDUCATION		283,500
Curriculum Development for Primary Education	8,200	
Supplementary Materials for Pre-Service Training for Teachers	119,200	
In-Service Training of Primary School Teachers	76,500	
Educational Activities in Nutrition (Faculty of Pharmacy)	35,200	
Practical Training for Medical Students (Faculty of Medicine)	10,300	
Pre-School Education	10,000	
Introduction of Child Care Education through the Functional Literacy Programme for Women.	22,500	
Contingency	1,600	
SUPPORT ACTIVITIES		169,500
Transport and Equipment Maintenance Organisation (TEMO)	115,500	
Supply	54,000	

Project	Allocation	
	(US $)	(US $)
DEVELOPMENT ACTIVITIES		102,000
Country Planning	76,000	
New Project Development	15,000	
Reimbursable Procurement	11,000	
TOTAL		2,781,000
'NOTED' COMPONENT		644,500
Rural Water Supply	456,500	
Early Childhood Immunization	188,000	

Further details of UNICEF assistance are given in the Basic Assistance List (BAL AFG/G7).

The following items were given advance financing in order to permit certain project activities to get underway immediately. They are additional to the general resource funding for 1977-78 as stated above.

Project	Allocation	
	(US $)	(US $)
ADVANCE AUTHORISATION		98,900
Village Health Workers	20,600	
Public Health Institute (Shewaki Training Centre)	1,200	
T.B. Control	37,200	
Child Health Institute	20,900	
Curriculum Development for Primary Education	19,000	

ARTICLE XII

General Provisions

Vehicles and other capital equipment (items costing more than US 1,000 each) specified in this Master Plan of Operation shall remain UNICEF property until such time as the transfer of title to the Government takes place in accordance with the terms of the relevant agreements.

All UNICEF supplies and cash grants will be accounted for, and the Government will provide the information required by UNICEF on the use and location of the supplies and the disbursement of the cash grants.

In order to have timely information on the movement and utilization of equipment, supplies and cash grants in implementing this Master Plan of Operation, a system of administrative reporting and monitoring will be instituted. The Government will ensure that each Ministry, Department and Agency concerned with the implementation of a component part of the programme will provide periodic status reports on each UNICEF assisted programme activity. UNICEF and the Government will mutually agree on any proforma to be used and the frequency of the reporting.

This Master Plan of Operation, comparising Part I (The Framework) and Part II (The Programme), is to be considered as one document. The Articles of Part I are applicable to the separate components and projects detailed in Part II.

ARTICLE XIII

Final Provisions

This Master Plan of Operation shall come into effect upon signature by the contracting parties and shall remain in effect until the international assistance provided by WHO, UNESCO and UNICEF to the programme covered under this Master Plan of Operation is completed, including such period of time as may be necessary in winding-up arrangements.

This Master Plan of Operation may be modified by mutual consent of the contracting parties. In addition, matters of detail, particularly regarding the Plans of Action in the various Project Components may be modified by mutual consent of the executing Ministries and Departments with UNICEF, provided that the objectives of each Project Component are maintained.

Upon termination of the various projects covered however, supplies and equipment furnished under this Master Plan of Operation to which UNICEF has retained title shall be disposed of in accordance with UNICEF established procedures.

IN WITNESS WHEREOF the undersigned being duly authorised, have signed this Master Plan of Operation.

Done in . . . . . copies in English

At Kabul, on 5th September 1977 for the GOVERNMENT OF THE REPUBLIC OF AFGHANISTAN

Signature _____

Name: Ali Ahmad Khuram

Title: Minister of Planning

At Alexandria, on . . . . . for the WORLD HEALTH ORGANISATION

Signature _____

Name: Abdul H. Taba

Title: Regional Director, WHO Eastern Mediterranean Regional Office

At Bangkok, on . . . . . for the UNITED NATIONS, EDUCATION, SCIENTIFIC AND CULTURAL ORGANISATION

Signature _____

Name: Raja Roy Singh

Title: Regional Director, UNESCO Regional Office for Education in Asia

At Kabul, on 5th September 1977 for the UNITED NATIONS CHILDREN'S FUND

Signature _____

Name: Edward W. Crunden

Title: UNICEF Representative, Afghanistan

UNICEF AFGHANISTAN

MASTER PLAN OF OPERATION
FOR A PROGRAMME OF INTER-RELATED SERVICES FOR CHILDREN
IN
AFGHANISTAN
1977-1978

PART II
THE PROGRAMME

PART II : THE PROGRAMME

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INTRODUCTION

Part I (The Framework) of the Master Plan of Operation for Preparing a Programme of Inter-related Services for Children in Afghanistan (1977-78) sets out the final basis of agreement between the Government of the Republic of Afghanistan and the United Nations Children's Fund (UNICEF) for a one year programme of co-operation for the period 1977-78.

Part II (The Programme) describes each project in the programme and specifies the responsibilities of the relevant Government Ministries and Departments for their implementation.

This Master Plan of Operation, comprising Part I and Part II is to be considered as one document. The general provisions of Part I are applicable to the separate components and projects detailed in Part II. However, modifications of detail for each project may be made, if mutually agreed between the implementing Government agency and UNICEF.

GHORBAND INTEGRATED RURAL DEVELOPMENT PROJECT (BASIC SERVICES FOR CHILDREN)

Background:

The Ghorband IRD Project is one of the first of a series of area development projects launched under the 7 Year Development Plan through the Rural Development Department. The project aims to build the social and economic infrastructure of the area and will cover a wide range of development efforts including: resettlement of landless families, agricultural and animal husbandry extension, co-operatives, promotion of craft/economic activities, provision of services in health, education and safe drinking water, and improvement of the secondary and tertiary road system.

The location of the IRD project is Ghorband Woleswali (district), one of the eight woleswalis of Parwan Province with its headquarters at Seyagerd 130 Kms. from Kabul. The total area of the Woleswali is 1863 Sq. Km. but much of this is mountainous terrain divided by narrow valleys. The population of 85,050 inhabits the valley lowlands in a large number of sub-villages and hamlets.

Objectives:

General

(a) to assist the development of basic social services at low cost in rural communities centering on safe drinking water, womens activities and nutrition services.

(b) to link these services with each other and arrange their simultaneous delivery within the framework of a rural development project that is building the social and economic infrastructure of the area.

Specific

In order to achieve the general objectives, the specific objectives are:

(a) to meet the need for safe drinking water

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(i) by providing handpumps and well lining for 31 shallow wells dug by village communities

(ii) through construction of 2 village piped water systems using gravity flow or power pump distribution.

(b) to promote awareness in the community of the value of safe drinking water and of maintaining protected water facilities.

(c) to establish a field training centre in the project area from which to contact women in 2-4 villages, and through learning their felt needs, develop educational and economic or craft activities.

(d) to use the contact with village women to research and identify a limited number of areas for change in nutrition practices.

(e) to extend the reach of basic health services to underserved communities through establishing and equipping a health centre and 3 sub-centres.

(f) to provide access to education to village children otherwise outside the scope of the existing school system by establishing and equipping 4 village schools.

(g) to construct a community centre for use in non-formal education and community activities.

Method:

The project is based on the approach of the Rural Development Department that activities should be built out of village needs with the direct participation of villagers. This is almost a separate objective of the project.

The Plan of action detailed below, outlines the expected sequence of activities under the respective sectors of the integrated project, indicating the responsibilities of the concerned departments and agencies.

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Though presented separately, the different sub-projects have clear linkages with each other. It is hoped that the water project will lead to community confidence in the project that will help the women's project, and that the women's project will focus on educating the community on the importance of safe drinking water for health.

This outline of project activities might, therefore be regarded as a flexible guideline which the project staff in Ghorband will turn into a more detailed schedule of activities.

The experience of Ghorband in developing an integrated approach will be monitored and documented particularly to ascertain whether this pattern of UNICEF assistance should be adopted in future projects.

Institutional Framework:

The project is organised and staffed by the Rural Development Department but may draw on the technical services of the Agricultural Bank for credit financing, the Directorate of Non-Formal Education (Ministry of Education) for the development of communication materials, the Environmental Health Department (Ministry of Public Health) for technical support in the provision of safe drinking water.

Description of Project Activities	Location	Timing
Sub-project 1: RURAL WATER SUPPLY		
1. Reconnaissance Survey (RDD)	Ghorband	March 77
2. Water Resources (Geohydrology) Survey (WAPA, UNICEF, CARE-MEDICO)	Ghorband	April 77
3. Matching of surveys/site selection (RDD)	Ghorband	May 77
4. Installation	Ghorband	May-Nov 77
(i) technical (RDD)		

Description of Project Activities	Location	Timing
(ii) Community motivation (RDD)		
5. Water testing (PHI/EHD/CARE-MEDICO)	Ghorband/ PHI Kabul	May-Nov 77
6. Water use Education (RDD/CARE-MEDICO/UNICEF/N.F.E.)	Ghorband	May - 77 (continuous)
7. Maintenance (RDD)	Ghorband	May - 77
8. Project Monitoring	Ghorband	October 77
(i) technical (RDD)		
(ii) Programme (RDD/CARE-MEDICO/UNICEF)		
Sub-project 2: ENVIRONMENTAL SANITATION		
1. Application of environmental sanitation measures to the safe drinking water project	Ghorband	August 77
2. Construction of a range of pilot designs of latrines in	Ghorband	Sept. 77
(a) Schools		
(b) RDD Health Centre		
(c) RDD extension staff quarters		
3. Construction of trial Gobar Gas plant	Ghorband	March 77

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Description of Project Activities	Location	Timing
Sub-project 3: WOMENS PROGRAMME		
1. Establishment of Basic Training Centre (RDD/CARE-MEDICO)	Ghorband	Aug-Nov 77
2. Selection of Village level workers (RDD)	"	Sept. 77
3. Identification of 'felt needs' (RDD)	"	"
4. Setting up of women's groups (RDD/CARE-MEDICO)	"	"
5. Identification of craft/economic activities (RDD/CARE-MEDICO/UNICEF)	"	"
6. Development of support Education Material (RDD/CARE-MEDICO/UNICEF/ D.W.F.E.)	Ghorband/ Gulzar Training Centre Kabul	August 77
Sub-project 4: DAY-CARE CENTRE		
1. Construction temporary building as day-care centre	Ghorband	
2. Recruitment of pre-school teachers	Ghorband	
Sub-project 5: HEALTH SERVICES		
1. Site location of RDD Health Centre	Ghorband	
2. Construction of Health Centre	"	
3. Renting of sub-centres building	"	
4. Training	Kabul	

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Description of Project Activities	Location	Timing
Sub-project 6: EDUCATION		
(a) formal		
1. Organisation of village schools	Ghorband	
2. Construction of 2 USAID schools in Dashtak	"	
3. Construction of temporary buildings in 2 other villages	"	
4. Recruitment of teachers	"	
(b) non-formal		
1. Identification of curriculum content through (i) women's programme and (ii) agriculture extension work (iii) co-operatives (D.N.F.E.)	Ghorband/ Kabul	
2. Development of education material (D.N.F.E.)	Ghorband/ Kabul	
3. Site selection of community centre	Ghorband	
4. Purchase of Land and construction of community centre	Ghorband	
PROJECT MANAGEMENT		
1. Transfer of provincial RDD Director's office to Ghorband project	Charikar Ghorband	August 77

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Description of Project Activities	Location	Timing
2. Appointment project staff and development job descriptions	Kabul RDD Head Office	August 77
3. Detailing of individual plans		August 77
4. Activities		August 77
5. Project Review	Ghorband/ Kabul	Oct. 77

Government inputs:

RDD will recruit manpower for the project and funds for the activities outlined in the wider integrated project, including resettlement of landless families, agriculture extension and improvement of the secondary and tertiary road system. RDD will provide funds for the construction of Health Centre and Community Centre and the renting of Health Centre and Sub-centres until construction is completed. RDD will also organise the mobilisation of community labour when it is required.

Environmental Health Department in co-operation with RDD will furnish technical support and the basic materials (i.e. cement) for the safe drinking water project and technical staff to supervise this component.

UNICEF inputs:

(i) Supply

UNICEF will provide handpumps, power pumps, pipeline and capital items for the water and environmental sanitation sub-projects, material support for craft activities that are identified under the women's project, basic equipment for the community centres, equipment for health centre (main and sub-centres), equipment for village schools and funds for development of communication

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material. Administrative support will be provided to RDD head office, and transport in the form of 7 jeeps - 7 motor cycles - 7 bicycles for existing RDD Health Centres. 1 jeep for the womens project, 1 jeep for project HQ and 5 jeeps to advance RDD project HQ's. 20 bicycles will be provided to village level workers.

(ii) Non-supply

UNICEF will provide the first year's salary support for (a) 30 posts at project level and (b) 5 posts at Kabul head office of Rural Development Department.

This assistance is provided subject to the Government commitment to continue these posts for the minimum period of 4 years after the withdrawal of UNICEF assistance.

Posts supported:

RDD head office

Project Liaison officer	1
Asst. Liaison officer	1
Clerk typist	1
Senior Women's Project officer	1
Asst. cum photographer	1

Ghorband Project

Project officer	1
Water Supply Engineer	1
Construction officer	1
Agriculture officer	1
Education officer	1
Sanitarian	2
Nurse	2
Midwife	2
Co-operative officer	1
Plant protection officer	1

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Ghorband Project

Technicians	5
Lady Social Welfare officers	2
Teachers	6
Mechanics	2
Labour	

Mode of payment

Payment will be made to RDD on the basis of reimbursement of claims presented to UNICEF with signed stipend rolls. UNICEF will settle such claims by cheque at monthly intervals. This amount will be reflected by a corresponding increment in the budgetary allotment of RDD from the Ministry of Planning.

Period of assistance

This salary support will be for the period of the Plan of Operations and will start the date of approval of the project and continue for the period of one year.

UNICEF will also support local Afghan consultancies for "socio-economic and preliminary engineering survey", for advance RDD projects. The terms of this assistance will be agreed in a separate contract between concerned parties.

Other Support:

Care Medico will provide staff inputs in the water and women's projects's and equip and meet the rent for the field training centre.

USAID will provide for construction of 2 village schools.

BASIC HEALTH SERVICES

Background:

The provision of Basic Health Services to the majority of the population was established as the major objective of the Afghanistan Country Health Programme. This will comprise of the development and expansion of the existing network of Basic Health Centres (BHCs). The present range of services include: MCH, Family Guidance activities, Polyclinic, Communicable Diseases Surveillance, Health and Nutrition Education (with WFP food rations provided to pregnant and lactating mothers, and children under 3 years of age), Environmental Sanitation, Laboratory and Referral Services.

Objectives:

General

(a) to expand the coverage of the population of mothers and young children from 25% to 35%.

(b) by achieving this expanded coverage, it is tentatively expected to reduce child mortalities from 216/1000 - 194/1000 (i.e. 10%) and maternal mortality from 15/1000 - 14/1000 (i.e. 5%) by the end of the 7-Year Plan.

(These statistical objectives are however constrained by the lack of accurate data on population, mortality and morbidity).

Specific

(a) the following expansion of coverage will be achieved in 1977:-

	Av. Population coverage	1976	New	Total end 1977
BHCs	20,000	111	9	120
Sub-centres	5,000	76	2	78
Basic Health Training Centres	25,000	-	1	1

(b) the "package of care" will be expanded and improved for the MCH, Health Nutrition Education, Environmental Sanitation, Referral and Laboratory Service Components.

(c) the "package of care" will include new project activities of Pre-service training, In-service training and the exploration of a Dai (traditional birth attendant) Training Programme.

(d) programme evaluation will become part of the BHC Programme

Method:

The network of Basic Health Centres at district level and below throughout the country provides institutional health services which are most accessible to the target population. Building of further centres will reduce the population centre ratio and training through mobile teams will raise the quality of services offered at each centre. The Basic Health Services Department is also working towards integration of BHCs with the vertical programmes of Smallpox, T.B. and Malaria Control, strengthening its planning and administrative methods and working as a backstop support to the experiment of alternative health delivery through Village Health Workers. During the period of this Plan of Operation, the Basic Health Services Department will be strengthening its links with provincial hospitals for referral purposes.

Institutional Framework:

The Basic Health Services Department is organised within the Department of Preventive Medicine.

For its construction programme, the Basic Health Service Department will co-ordinate with the Construction Department of the Ministry of Public Health, and for provision of safe drinking water, with the Department of Environmental Health, Ministry of Public Health. For the delivery of Communicable Disease Control measures, BHS will co-ordinate with the National T.B. Programme, the Malaria Institute and the Early Childhood Immunization Programme, and for Laboratory Services with the National Laboratory. The Basic Health Services Department will also liaise with the Rural Development Department (RDD) on the provision of services through RDD health centres and with the Department of Curative Medicine for the referral of cases from BHCs. For the special problem of staffing,

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the Basic Health Services Department will be drawing on support from the Administration Department of Ministry of Public Health.

Description of Project Activities	Location	Timing
Sub-project 1: EXPANSION OF COVERAGE		
1. Basic Health Centres		
Completion construction of new Basic Health Centres 8 USAID funded	Kandahar 5	July 77
	Helmand 3	March 78
1 MOPH funded	Kandahar 1	Nov. 77
Staffing of new centres	Helmand Kandahar	Dec. 77
2. Sub-centres rented and staffed	Baghlan	Dec. 77
3. Organisation of Rural Health Centre	Girishk	August 77
Sub-project 2: INTRODUCTION ENLARGED "PACKAGE OF CARE"		
1. MCH		
Provision of tetanus vaccine to pregnant mothers	50% BHCs	Aug-March 78
Provision of DPT and possibly measles immunisation to children through Health Centres and catchment area through Early Childhood Immunization project activities	Kandahar	
2. Family Guidance		
Supply of contraceptive pills	50% BHCs Paktia Nangarhar	March 77 March 78

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Description of Project Activities	Location	Timing
	Banyan Ghor Oruzgan Nimroz Farah Herat	
Incorporation of Family Guidance material in BHC manuals	Kabul	April 77
Inclusion of Family Guidance element in mobile team training	55% BHCs	as per training team schedule
3. Polyclinic		
Increased supply of drugs	All BHCs	March-Aug 77
Introduction of standard diagnostic criteria	55% BHCs	as per training team schedule
Introduction of simple first aid manual	"	as per training team schedule
4. CDC Surveillance:		
Integration of Malaria Programme with BHCs by assigning Malaria microscopists to BHCs.	All BHCs at altitude below 2,000 metres	April 77
Integration trachoma programme with BHC through training BHC staff in identification/treatment conjunctivitis	All BHCs	April 77
Integration of TB control programme by increased sputum examination and defaulter follow-up.	54 BHCs (having laboratories)	March 77
Strengthening co-ordination BHC and CDS unit of Department of Preventive Medicine		continuous

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Description of Project Activities	Location	Timing
5. Health Nutrition Education		
Improved distribution procedures for WFP & restriction number of WFP beneficiaries/centre	All BHCs	June 77
Introduction of weight charts & screening of children for malnutrition	55	according to mobile team training Prog.
6. Environmental Sanitation		
Development of posters	P.H.I.	March 77
Distribution to BHCs	All BHCs	
7. Referral System		
Establish administrative system to give priority for 'at risk' patients to receive treatment from provincial capital hospitals when referred from BHCs	Zonal Training Centre, Girishk	Sept-March 78
8. Laboratory Services		
Equip 40 new laboratories	(i) 9 newly USAID constructed BHCs Kandahar Helmand	Jan. 77
Training for laboratory technicians	(ii) BHCS in: Kabul Parwan Ghazni Nangarhar Paktia Baghlan	March 77 covering each province before extending
Sub-project 3: DAI TRAINING		
1. Initial contact with dais	Grishk Health Training Centre	May 77

Description of Project Activities	Location	Timing
2. Training for 3 weeks in two projects	Grishk Balkh	May 77
3. Provision of 'dai' kits		August 77
4. Evaluation		October77
Sub-project 4: PRE-SERVICE TRAINING:		
1. 10 day working orientation for graduating medical officers (35 M.O.s)	Kabul (P.H.I.)	July 77
Sub-project 5: IN-SERVICE TRAINING:		
1. Training of BHC staff trainers in 2 week technical training and 2 week field training experience	Kabul	May 77
Sub-project 6: EVALUATION		
1. Development of evaluation tools	Kabul	Jan. 77
2. Monitoring of Programme achievements	On random sample basis	Quarterly/ annual
3. Study on utilization and use-life of basic UNICEF supplies at BHCs, MCH centres and sub-centres (in co-operation with TEMO) and review of use of manuals on maintenance of vehicles, refrigerators and handpumps		August 77
4. Design of drug monitoring and forecast system to link supplies with usage of Basic Health Centres	Kabul	June 77

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Government inputs:

The Basic Health Services Department of the Ministry of Public Health will provide manpower to existing and new health centres, recurring cost of health centres @ (Afs. 25,000 P.O.L Budget, Afs. 70,000 drugs, and Afs. 375,000 for salaries of staff per BHC) - vaccine - salaries of BHS Department including costs of mobile training teams. Government will also meet the costs of construction of 7 new Basic Health Centres.

UNICEF inputs:

(i) Supply

Standard sets to 33 BHCs for 1977-78 and residual sets for 100 existing Basic Health Centres, drugs for all Basic Health Centres, plus 20% reserve weight charts. Transport consisting of:

- 31 jeeps for Basic Health Centres
- 2 trucks for logistics department
- 1 pick up
- 111 motor cycles
- 139 bicycles

(ii) Non-supply

Cost of materials for training courses and stipends for trainees @ per diem Afs. 130 for participants obliged to travel and make night halts to attend the course and Afs. 65 for local trainees
Honoraria for lecturers during training @ 100 Afs. per hour.

Other inputs:

USAID will provide consultant services through Management services for Health, construction costs of 8 Basic Health Centres and 1 Rural Training Centre.

VILLAGE HEALTH WORKERS

Background:

The present scope of institutional health services in Afghanistan can provide coverage for approx. 15% of the population of the country. The number of Basic Health Centres will reach 120 during 1977/1978, and is expected to be 179 by the end of the Seven Year Development Plan period. Provincial referral hospitals, clinics, MCH centres will also be further strengthened and expanded during the Seven Year Development Plan in order to contribute to the improvement of the delivery of health services. However, the great majority of the population living in 18,000 villages and approx. 2 million nomads are remaining without effective health services.

The Government, through the Ministry of Public Health has initiated an alternative approach to the delivery of health services through recruiting Village Health Workers, (VHW's).

Objectives:

General:

To develop a rural health delivery system using the villages own resources.

Specific:

(a) To select 3 Basic Health Centres representing 3 different ethnological regions (Sarobi, Jaghori and Ghorband) for the experimental phase of the project.

(b) To select villages situated a minimum of 10 Km. from the Basic Health Centre and establish village committees in each.

(c) To develop a VHW job description, educational objectives, curricula and teaching materials.

(d) To establish a regular support system to village health workers, in the supply of drugs, and basic recurring items required.

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(e) To strengthen and train the Basic Health Centres workers who will be responsible for training and guiding VHW's.

(f) To collect village base-line data on: Health, Environmental Sanitation, Nutrition etc. in the villages where VHW's are chosen and trained.

(g) To train and motivate Village Workers using the Basic Health Centres as the training base.

(h) To conduct systematic monitoring and evaluation of the project.

(i) To review the training methods adopted for the VHW project by sending one member of the project to study the method of training and the "ladder" curriculum developed at the Institute of Rural Health Tacloban Leyte, Philippines for possible application in Afghanistan. (See project " Practical Training for Medical Students" below).

(j) To organise seminars on Primary Health Care in Afghanistan in order to increase understanding of alternative delivery of health services.

Method:

The project is based on the approach of the Ministry of Public Health to develop people's own initiative in building health delivery services in the villages through Village Health Workers selected by village committees. The Village Health Workers project will be started during 1977 in 3 regions attached to 3 Basic Health Centres (Sarobi, Jaghori and Ghorband) Stress will be made on selecting villages beyond the outreach of the Basic Health Centres.

The experience drawn from these 3 experimental projects will be monitored and evaluated by the Ministry of Public Health in co-operation with other agencies such as Kabul University, to enable the Government to decide on further adaptation and expansion throughout the country.

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Institutional Framework:

The project is organised by the Directorate of Primary Health Care in the Basic Health Services Department, Ministry of Public Health with advisory Services from the USAID-funded Management Sciences for Health (MSH).

Participation of other agencies concerned with rural development such as: Rural Development Department, Ministry of Education, Ministry of Agriculture will be sought to improve the project for further adaptation and expansion.

A national inter-sectoral co-ordinating body which will decide on policy and strategy of country-wide Primary Health Care approach in Afghanistan will be proposed to the Cabinet Council Meeting towards the end of 1977.

Description of Project Activities	Location	Timing
1. Selection of sites	Sarobi, Jaghori Ghorband	Late 76 to early 77
2. Visit to villages beyond 10 Km. from the selected BHCs and establishment of village committees	20 villages around Sarobi 25 villages around Jaghori 25 villages around Ghorband	Early 77 June 77 End 77
3. Development of VHW job descriptions, educational objectives, curricula and teaching materials.	Kabul and Sarobi	March 77
4. Provision of logistic support (drugs and equipments for training and village workers)	-	Starting May 77
5. Training and orientation of Basic Health Centres staff by the MCH Training Team.	Sarobi Jaghori Ghorband	Feb. 77 June 77 Oct. 77
6. Base-line data collection of the villages which have selected VHWs	Sarobi Jaghori Ghorband	March 77 June 77 Sept. 77

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Description of Project Activities	Location	Timing
7. Training of Village Health Workers at Basic Health Centres and in the villages.	Sarobi Jaghori Ghorband	May-77 (30 da July-77 (30 Oct.-77 (30
8. Evaluation	All project locations	March 78
9. Training curriculum		
Visit to Philippnes	Tacloban, Leyteisland, Philippnes	August 77
Submission of report of the joint team visit to Philippnes	Kabul	Oct. 77
Forum of joint meeting amongst MOPH, University, UNICEF and WHO to discuss the joint team visit report to the Philippnes.	Kabul	Nov. 77
10. Seminar on alternative Health Care systems	Kabul	End 77 or April 78

Government Inputs:

The Directorate of Primary Health Care of the Ministry of Public Health will provide manpower at the national level and project sites.

At this stage inputs from other sectoral agencies will be limited to consultation and advisory services. However, the Government will gradually co-ordinate sectoral inputs into the villages where there are already Village Health Workers.

UNICEF Inputs:

(i) Supply

45 Steel cabinets, 45 Chairs, 45 Steel boxes, Syringes, Hypodermic needles, Sodamint Tablets, Sterlizing Containers, etc., 2 Russian Jeeps for Supervision.

(ii) Non-Supply

Stipend support for seminars plus materials for training courses and stipends for trainee.

Perdiem @ Afs. 130 for participants obliged to travel and make nig halts to attend the Seminar and @ Afs. 65/- for local trainee.

Honoraria for resource person during training @ Afs. 100 per hour.

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Other Supports:

USAID Funded Management of Sciences for Health (MSH) Team has been assisting the Ministry of Public Health in the VHW conceptualization, training, management and implementation. Two experts of MSH are assigned to help the Government in this programme.

T.B. CONTROL

Background:

This project is launched against an estimated 60,000 sputum-positive and contagious pulmonary T.B. patients and approx. 300,000 of non-infectious pulmonary and extra-pulmonary T.B. cases. Only 10% of these have been identified at present and put under treatment. Mass BCG vaccination campaigns have been launched in the Northern and Western Provinces since 1976.

The trend of achievements of the last 5 years is

	1972	1973	1974	1975	1976
BCG vaccination	316,000	323,000	754,000	1,571,000	2,080,000
Sputum microscopies	no data	16,000	20,000	39,000	48,000
Sputum cultures	-	-	1,260	1,270	1,140
Sensitivity tests	-	-	300	300	250
Health personnel trained abroad	3	2	5	11	12
Health personnel trained in the country	31	150	220	190	180
Newly discovered patients	4,470	8,000	10,600	12,500	11,500
Patients under treatment	7,500	13,100	19,200	27,100	24,000

Objectives:

General

(a) to reduce tuberculosis as a public health problem in Afghanistan.

(b) to achieve the above, through establishment of an effective and multi-level national T.B. service.

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Specific

(a) to extend the BCG mass vaccination campaign to cover 2-2.5 million children of 0-14 years age group

(b) to initiate a maintenance phase of vaccination, aiming to ensure coverage of all new born children through BHCs and Early Childhood Immunization Programme.

(c) to continue training of health personnel of the T.B. Institutes

(d) to continue the school health programme through primary schools

Method:

The project will bring about total national coverage through mass BCG vaccination and develop a maintenance vaccination phase to provide immunity to the new born, through BHCs and the Expanded Immunization Programme.

Case finding and treatment will be intensified from BHCs and combined with a Health Education programme.

In-service training courses and seminars for doctors, sanitarians and nurses active in both the campaign and the maintenance phase will be conducted by the T.B. Institute in Kabul.

Improved communication materials for T.B. workers will be produced to strengthen the project impact.

Institutional Framework:

The programme is organised by the National T.B. Institute, Kabul supported by 6 Regional T.B. Centres, 26 Provincial T.B. offices and T.B. Control activities through Basic Health Centres and the Early Childhood Immunization Programme.

The National Laboratory through its 12 peripheral laboratories in the provinces will also support case finding activities. It is

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envisaged that towards the end of 1978, the National Expanded Immunization programme will take the responsibility of conducting BCG vaccination programme at all levels. The Ministry of Education will also provide facilities to enable the T.B. Institute to provide basic information on T.B. Control to school children. The Public Health Institute will provide services to help produce an educational film on T.B. Control in co-operation with a local Film Company.

Description of Project Activities	Location	Timing
1. BCG Mass Campaign of children approx. 2-2.5 million	Northern & Western Provinces	January 77 March 78
2. Sputum microscopic examination (expected target 50,000) for one year	Through all BHCs, clinics and Hospitals	continuous
3. 2,000 sputum culture and 500 sensitivity tests	Through all BHCs, clinics and Hospitals	continuous
4. Training for TB/Health personnel Seminars for 120 participants	Kabul	July to Dec. 77
5. Case finding/activities through BHCs, Malaria workers, Peripheral Laboratories	Country-wide	continuous
6. Treatment (target of patients to be treated: (30-38,000)	Regional & Provincial T.B. Centres BHCs, Hosp.	continuous

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Government inputs:

Organisation and staff of the National T.B. Institute will be made available to conduct BCG mass vaccination for children 0-14 year. Staff and facilities of BHCs, Hospitals, Zonal and Provincial T.B. Institute offices will be available to conduct immunization, case finding and treatment activities.

The organisation of training for T.B. workers will be undertaken by the National T.B. Institute in Kabul using Zonal and Provincial offices for field practice. Provision of transportation costs for participants and resource persons during training will be born by the National T.B. Institute.

Field workers will be made available by the National T.B. Institute to provide simple health education to Primary School Children.

UNICEF inputs:

(i) Supply

Vaccines	Doses	Expected arrival
BCG (freeze dried)	45,000 X 100 dose	May 77
	6,000 x 50 dose	
	10,000 x 20 dose	

X-Ray films 30 x 70 mm.

BCG bags for vaccination

T.B. drugs and diluents

Stationery (stencil, correction fluid, paper, ink etc.)

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Needles, Syringes, BCG Kits, sputum containers

8 motorcycles, 30 bicycles and 4 Russian jeeps (In view of delivery time of 12 months or more - these vehicles may be provided, if required, from pool of UNICEF vehicles at present in Afghanistan)

(ii) Non-supply

Stipends at Afs. 130 per diem for course participants obliged to travel and make night halts to attend the course and Afs. 65 per diem for local participants; honoraria for resource person at Afs. 100 per hour

Operational expenses and transport maintenance of 120 vaccination personnel for one year. (Up to March 1978).

Other inputs:

Japan International Co-operation Agency (JICA) will provide equipment and transport for Regional T.B. Centres, training in Japan, technical assistance by a team consisting of: an epidemiologist and three technicians, together with short term consultancy services from Japan.

MALARIA CONTROL

Background:

The geographical and ecological conditions in the country are such that malaria outbreaks may easily occur if the present extensive preventive measures applied all over the country are not maintained. Major resurgence is already noted in certain regions of the country, calling for rapid preventive action.

The withdrawal from the widespread use of DDT house spraying, which largely controlled the rural incidence of the disease in most areas of its distribution, is feared to lead to malaria's re-emergence in these rural areas during the next few years. The present distribution pattern and trend of malaria incidence is:

Units	1972		1973		1974		1975		1976	
	Pos.	API ‰	Pos.	API ‰	Pos.	API ‰	Pos.	API ‰	Pos.	API ‰
Kunduz	2791	10.1	4740	17.2	3713	13.6	1952	7.2	6152	22.8
Imam Sahib	7077	46.6	3742	24.5	2001	12.9	995	6.4	3148	21.1
Pulikhumri	462	1.2	560	1.4	405	1.0	514	1.3	737	1.9
Khanabad	669	2.4	2061	6.1	1999	6.9	682	1.7	2945	13.2
Taloquan	792	3.1	937	3.6	816	3.1	608	3.4	2545	12.9
Khodjabar	1093	4.8	1981	7.9	3177	12.3	2229	13.7	5039	31.2
Faizabad	277	1.0	439	1.5	586	2.0	464	1.5	942	2.9
Nazarisharif	327	0.8	932	2.2	447	1.0	212	0.5	447	1.1
Pariab	50	0.1	148	0.4	715	1.8	281	0.7	636	1.6
Jouzjan	143	0.4	339	0.8	178	0.4	401	0.9	319	0.7
Kabul-Logar	964	1.7	536	1.1	465	0.9	1091	2.2	1588	3.2
Kabul City	1231	1.7	659	0.9	528	0.7	684	0.9	4212	3.3
Parwan	464	1.3	387	1.1	290	0.7	244	0.7	701	1.9
Ghazni	1341	6.7	1011	3.9	996	3.1	172	0.7	687	2.1
Gardez	1182	3.7	1203	3.8	1510	5.7	444	1.4	947	2.7
Khost	13740	58.9	26607	114.3	22063	96.0	1815	7.9	1299	5.7

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Units	1972		1973		1974		1975		1976	
	Nos.	API ‰	Nos.	API ‰	Nos.	API ‰	Nos.	API ‰	Nos.	API ‰
Sharistan	-	-	-	-	540	2.7	198	1.0	193	2.6
Jalalabad	16485	50.6	4689	14.3	2616	7.9	29954	88.9	42164	124.0
Ghaziabad	3712	17.5	779	3.7	1427	6.9	9910	43.4	10110	42.9
Kunar	11294	62.0	1961	10.8	2100	11.3	4343	23.4	5213	26.5
Laghman	7601	35.6	511	2.4	324	1.4	6761	29.4	10600	43.2
Paktia	532	2.4	82	0.4	57	0.3	785	3.4	454	1.9
Kandahar	4161	11.4	3957	11.2	2497	6.7	1819	4.8	5030	13.1
Helmand	1905	4.6	1103	1.3	6945	16.2	8749	20.4	15190	30.3
Uruzgan	460	1.9	542	2.2	861	3.6	282	1.2	852	3.6
Kabul	430	2.7	321	2.0	849	4.9	557	3.1	1466	8.7
Herat	193	0.5	230	0.6	422	1.0	189	0.5	279	0.7
Badghis	237	0.4	390	0.7	198	1.2	94	0.6	253	2.3
Shindand	901	7.6	644	5.4	726	6.1	327	2.0	277	3.6
Farah)									1346	8.5
Nimroz)	1500	5.5	1137	3.8	1499	4.7	4003	12.2	1307	15.9
Dilaram)									1504	26.2
Ghorat									149	2.1
Total	52314	9.4	62618	7.0	60546	6.7	80557	8.8	127042	14.25
Population	8,753,177		8,902,256		9,066,665		9,156,718		8,915,220	

N. B. The incidence of malaria in Kabul-Logar, Parwan and Kabul City is not necessarily an indication of the degree of transmission in these areas, but is more a reflection of the number of imported cases from Jalalabad, Laghman, Ghaziabad and Kunar units. Likewise the API in Ghazni unit is also made up of many imported cases from Khost unit and Pashtoonistan.

Objectives:

General

(1) the long range objectives of this project will be to control malaria to successively lower endemicity, and ultimately to reduce its incidence to a minimum.

Specific

(a) to bring national average of incidence of malaria to a level not exceeding 1-2% of the population at risk.

(b) to maintain at their present level the lower rates of incidence where below 1% has been achieved

(c) to intensify health education for the community through mobile teams

(d) to record malaria activities carried out at each household for better programme planning

Method:

Spraying operations will be carried out in the infested areas by malaria field workers using DDT and Malathion.

Presumptive treatment will be given to all fever cases during the relapse and transmission season (March - November). Radical treatment will be given to all laboratory-confirmed cases. Re-treatment of positive cases will take place during winter.

Institutional Framework:

The Malaria Institute of the Ministry of Public Health is responsible for the Malaria and Leishmaniasis Control Programme in Afghanistan through its 6 Regional Departments and 33 field units. (Supervisors, laboratory technicians, entomological technicians and temporarily recruited staff for spraying activities will undertake reconnaissance activities, spraying, health education, surveillance operation, mass drug administration, epidemiological investigations and blood examinations.)

Liaison is established with T.B. Control and BHS for case finding.

Basic Training for newly recruited staff will be conducted in Kabul organised by the Malaria Institute. Refresher courses for unit officer, doctors and laboratory technicians will also be organised in Kabul.

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Mobile health education teams will visit villages to provide simple health education on malaria control.

'Family' malaria cards will be placed in each house. They will be used for recording all malaria control activities carried out in the house, as well as the visits of malaria workers.

Description of Project Activities	Location	Timing
1. Spraying and house visits	In six Regions (20 Provinces)	May-Aug. 77
2. Drug administration through malaria workers/hospitals	In six regions (20 Provinces)	continuous
3. Training of malaria workers from six Regions	Kabul	Dec-April78
4. Health Education to community through mobile team/malaria workers	In six Regions (20 Provinces)	March-March 78

Government inputs

Malaria workers will be made available by the Institute to conduct all activities. DDT for spraying activities will be purchased by the Government. Transportation and personnel for health educational activities for the community, organisation of training and provision of resource persons will be through the Malaria Institute.

UNICEF inputs

(i) Supply

Anti-malaria drugs; Chloroquine, Primaquinine, Perymethemine, Spare parts for the existing sprayers provided by UNICEF, Home visit cards.

(ii) Non-supply

Per diem Afs. 130 for participants obliged to travel and make night halts to attend the course and Afs. 65 for local participants, honoraria for resource persons @ Afs. 100 per hour

Other inputs:

UNDP financed WHO expert, supplies, equipment, short term consultant and fellowship.

WHO - short term consultant

United Kindgom - equipment

Japan - Insecticides

IN-SERVICE AND PRE-SERVICE TRAINING FOR HEALTH WORKERS (PUBLIC HEALTH INSTITUTE)

Background:

The Public Health Institute has the important role in providing training and technical services for both preventive as well as curative sectors within the Ministry of Public Health. The Public Health Institute is the backstop to the health services particularly in the field of training applied research, technical reference as well as in improvement of Nutrition and MCH activities in Afghanistan.

Objectives:

General

(a) To extend and improve technical and training support for all health services.

Specific

(a) To continue in-service and pre-service training of Public Health personnel and improve facilities of Shewaki training centre.

(b) To produce a film to support the National T.B. Campaign.

(c) To establish National Standard in weight and height for children between the ages 0-6.

(d) To establish 2 applied research centres.

Method:

Organisation and facilities for In-Service and Pre-Service training for para-medical workers will be made available at Public Health Institute premises, utilizing its community research centres in Shashdarak, Char-Asia and Shewaki Training Centre.

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In co-operation with Institute of T.B., the film on T.B. Control education will be produced through a local film company.

Preparation for development of National Standard in weight and height for children between the age 0-6 will jointly be conducted with the University during 1977 through establishment of two applied research centres: Urban (Shashdarak) and semi-urban (Char-Asia).

A joint trip with teaching staff of the University of Kabul will be conducted to visit community nutrition activities assisted by UNICEF in India.

Institutional Framework:

The Public Health Institute is established within the Ministry of Public Health. Its Departments of Public Health School. Nutrition, Health Education, Applied research, Reference Centre and Shewaki Health Training Centre are organised as the backstop services for other Health Institutions. Co-operation with University of Kabul through the Faculties of Medicine and Pharmacy has been built up to develop an appropriate training of Health Workers. The Institute of Child Health provides specialist advice for in-service and pre-service training of para-medical workers. Shewaki Training Centre provides facilities and resource personnel for up-grading of Basic Health Centre workers.

The T.B. Institute is working with the Public Health Institute on various educational materials including the production of a film on T.B. Control for the public.

Description of Project Activities	Location	Timing
Sub-project 1: TRAINING FOR HEALTH PERSONNEL		
1. Training of post-graduate health workers.	PHI	Continuous
2. Training of nurses and para-medical staff.	PHI and Shewaki H.C.	"
3. Two Orientation Courses in Nutrition and Food demonstration.	PHI	June-Oct-Nov. 77
4. 2 In-service training courses for sanitarians and Lab. technicians.	PHI	June-Dec 77
5. 2 Orientation courses for Directors of Public Health and Health Workers.	PHI	Oct. 77
6. 2 Pre-service training courses for sanitarians.	PHI	Jan-Feb 78
Sub-project 2: PRODUCTION OF FILM ON COMMUNICABLE DISEASE AND ITS PREVENTION (STRESS ON T.B. CONTROL)		
1. Field studies	Kabul	Starting Nov. 77
2. Establishment of Committee	-	Jan. 78
3. Production of Film	-	March 78

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Description of Project Activities	Location	Timing
Sub-project 3: NATIONAL STANDARDS IN WEIGHT AND HEIGHT FOR CHILDREN		
1. Establishment of committee	PHI	Continuous
2. Recommendations.	-	-
Sub-project 4: APPLIED RESEARCH ACTIVITIES		
1. Establishment of 2 Centers.	Char Asia Shashdarak	May-Aug 77 Aug-Dec 77

Government Inputs:

Manpower for in-service and pre-service training for para-medical workers, production of information materials and research will be provided by the Institute of Public Health. Premises for training all laboratory technicians will also be provided by the Institute of Public Health.

UNICEF Inputs:

(1) Supply

Drugs for Shewaki Health Centre, equipment for vaccine centre, stationery and calculators for P.H. school, equipment for the School of Technology, Stationery, camera, projector etc. for Health Education Dept., clinical equipment and supplies for Nutrition Dept., Chemical material for PHI Laboratories.

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(ii) Non-Supply

Training grants

Per diem @ Afs. 130 for participants obliged to travel and make night halts to attend the course and @ Afs. 65 for local participants per person per day.
Honoraria for lecturers during training @ Afs. 100 per hour.
Production cost of Health education film and services.

Other Inputs:

Save The Children Fund will provide training staff and support materials at Shewaki Training Centre.

THE DELIVERY OF SPECIALISED SERVICES FOR CHILDREN (INSTITUTE OF CHILD HEALTH)

Background:

The Child Health Institute, a 100-bedded hospital, was planned as a national centre for child health and pediatric services offering both curative and preventive services and training for medical personnel.

Since its establishment in 1974 with bilateral assistance from India, the Child Health Institute has organised a nutrition rehabilitation unit, immunization and vaccination services and post graduate courses (Diploma of Child Health, Anaesthesiology and Master of Surgery).

Objectives:

General

(a) the betterment of the health of children through specialised hospital services for children

Specific

(a) to provide curative and preventive services to children, especially the under fives, and maintain the mobile Poly-clinic and Tinea Capitis clinic

(b) to develop a link with the 8 MCH Centres in Kabul in order to provide support specialised services and also give field practice to trainees at the C.H.I.

(c) To publish simple manuals and booklets on pediatric problems in Afghanistan and to develop the Reference Library of the Institute

(d) to conduct a national seminar on the reduction of morbidity and mortality amongst under-five children

(e) to establish a rural health pediatric training centre for C.H.I students and medical workers

Method:

The Institute of Child Health's polyclinic will continue to

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provide curative and preventive services to 300-400 children every day. The divisions of Medicine, Surgery, Orthopedics, Ear Nose Throat, Radiology and Physiotherapy will provide services to hospitalised children.

Simple manuals and booklets on pediatric problems in Afghanistan will be drafted and field tested for usefulness to the target group of medical and para-medical staff and finally published by I.C.H. in co-operation with UNICEF.

Teaching staff from the C.H.I will begin visiting the 8 MCH centres organised under Zaishgah Hospital and determine possibilities for improving the function of the MCH clinics and giving scope for C.H.I students to gain field practice.

The Institute of Child Health will take the lead in organising a national seminar on pediatrics with possible invitees from neighbouring countries.

A rural child health training centre will be established in a village near Kabul.

Institutional Framework:

The Child Health Institute is a Department within the Ministry of Public Health. The C.H.I will be providing training for personnel of other departments of the Ministry of Public Health such as: Public Health Institute, National Nursing Services, Basic Health Centres, and the Faculty of Medicine. For its new link with the 8 MCH centres, C.H.I will be co-operating with the National Nursing Services.

Description of Project Activities	Location	Timing
Sub-project 1: CURATIVE AND PREVENTIVE SERVICES FOR CHILDREN	ICH Clinics & 8 MCH Centres in Kabul	continuous

Description of Project Activities	Location	Timing
Sub-project 2: TRAINING OF MEDICAL AND PARA-MEDICAL WORKERS	I.C.H.	continuous
Sub-project 3: PUBLICATION OF MANUALS	I.C.H.	October 77
1. A presentation of proposed manuscripts		
2. Trial publication	I.C.H.	Dec. 777
3. Production	I.C.H.	January 78
4. Distribution of the above	Selected BHC workers, Doctors, Hospitals etc.	March 78
Sub-project 4: SEMINAR ON PEDIATRIC PROBLEMS IN AFGHANISTAN		
1. Preparation of strategy and seminar programme	Kabul Hospitals and MOPH	Nov. 77
2. Seminar	Kabul	March 78
3. Report of the Seminar	Kabul	April 78
4. Follow-up	Country-wide	May 78
Sub-project 5: ESTABLISHMENT OF RURAL HEALTH PEDIATRIC CENTRE	Village 7 Km. away from Kabul	Sept. 77

Government inputs:

Services of Child Health Institute staff, facilities and premises at I.C.H. will be made available for all the above detailed activities. The Child Health Institute will also meet the costs of renting the premises of the Rural Health Pediatric Centre.

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UNICEF inputs:

(i) Supply

Vaccine	Doses	Date of arrival
BCG	5,000 Doses	April 1977
DPT	15,000 "	"
Measles	10,000 "	"
Polio	20,000 "	"
Diphtheria	20,000 "	"
Anti-toxoid & Tetanus	20,000 Unit vials	

Drugs for Tinea Capitis Clinic, Pediatics supplies and equipment, Surgical supplies and equipment, Supply and equipment for Department of Medicine, supply and equipment for the Department of Pathology.

Photocopying and cyclostyling machine, duplicating paper stencils etc.

(ii) Non-supply

Cash grants for Training

Afs. 130 per diem participants obliged to travel and make night halts to attend the course and Afs. 65 for local participants

honoraria for resource persons at Afs. 100 per hour

Cash grants for Seminars

at the prevailaing government rate for local participants and at UN rate for (2) Foreign participants for one week, plus cost of economy class return air-fare.

Other inputs:

The Government of India provides:

15 Indian nationals including 7 specialist doctors, six visiting professors over a period of two years and laboratory technicians.

US$ 35,000 is spent for provision of drugs and other requirements and US$ 6,000 is provided for purchase of spare parts. Government of India provides training facilities for Doctors, Nurses as well as para-medical staff in India

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NATIONAL NURSING SERVICES

Background:

The Nursing Department of the Ministry of Public Health provides trained nurses for hospitals, and clinics. There is a need to increase the present number of female auxiliary nurse/midwives.

Objectives:

General

(a) to strengthen nursing services in teaching hospitals for improved patient care

(b) to augment nursing staff available for provincial hospitals, Basic Health Centres, and Maternal and Child Health Centres

(c) to provide practical training experience for nursing

Specific

(a) to establish 3 new Regional Nursing schools and a Post Basic Nursing School in Kabul

(b) to expand the number of girl-recruits for the ANM/NM Schools

(c) to continue training of ANMs/NMs

(d) to publish practical manuals on nursing

Method:

The needs for ANM/Nms for MCH clinics and hospitals will be met by new recruitment in the rural areas by mobile recruitment teams. The total intake requirement over each year will be calculated in collaboration with the Departments of Basic Health Services, and Curative Medicine.

On-the-job training of the newly recruited ANM/NMs will be organised by senior nurses available in the regions.

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The Post Basic School for nurses will be established in Kabul as a preparation for a future College of Nursing providing a university degree.

Simple manuals on nursing will be designed and published by the Nursing Division, Kabul and distributed through existing training institutions.

Institutional Framework:

The Nursing Division of the Ministry of Public Health will be responsible for recruitment and establishing the new centres. The Department of Basic Health Services and Curative Medicine will provide data on future personnel needs and absorb the graduate trainees.

While the nursing administration is under the Ministry of Public Health, the education programme for nursing schools lies under the jurisdiction of the Ministry of Higher Education.

Description of Project Activities	Location	Timing
Sub-project 1: RECRUITMENT OF TRAINEE ANM/NMs BY 3 MOBILE TEAMS	10-12 provinces	Starting August 77
Sub-project 2: ESTABLISHMENT OF NEW ANM/NM SCHOOLS	Herat Kandahar Jalalabad	Jan. 77 May 77
Sub-project 3: ESTABLISHMENT OF POST BASIC SCHOOL	Kabul	October 77
Sub-project 4: PUBLICATION OF MANUAL FOR NURSING STUDENTS		
1. Preparation of manuscript	Kabul	Sept. 77
2. Field test	Kabul	Oct. 77
3. Publication	Kabul	Dec. 77
4. Distribution	ANM Schools	Feb. 78

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Government inputs:

Facilities for in-service training of staff of nursing schools will ba made available by the Nursing Division of the Ministry of Public Health.

Transportation costs and personnel for the Mobile Recruitment Teams will be provided by the National Nursing Services.

Premises and staff necessary for the establishment of the three new ANM schools and the Post Basic School in Kabul will be provided by the Ministry of Public Health and University of Kabul.

The Nursing Division will make senior staff time available for the publication of the manual on nursing.

UNICEF inputs:

(i) Supply

Supplies and equipment for the new 3 regional nursing schools and one Post Basic School of Nursing consisting of teaching equipment, refrigerators, sewing machines and touring equipment.

(ii) Non-supply

Stipends for In-service training @ Afs. 130 per diem for participants obliged to travel and make night halts to attend the course and Afs. 65 for local participants, Afs. 100 honoraria payment for resource personnel per hour, Cost of printing of manuals.

Other inputs:

Other inputs:

USAID - Training grants and fellowships

WHO and CARE-MEDICO - Advisors in Nursing and Midwifery posted at central and provincial hospitals.

ITEC (India) - Training grants and fellowships

NATIONAL HEALTH LABORATORY SERVICES

Background:

An organised national health laboratory service is essential to supply public health planners the data regarding the magnitude of certain diseases and allow them to determine the strategy for their control, diagnosis and treatment, in the most rapid, effective and economical way.

The necessity of health laboratory services in Afghanistan has increased in recent years as the result of the development of the health services.

Objectives:

General

(a) to define the laboratory support required in Afghanistan today for the diagnosis and control of diseases.

Specific

(a) to continue to develop central laboratory services and to expand activities to peripheral laboratories in the provinces.

(b) to centralise overall supervision of the laboratory network throughout the country, and to develop an effective supply support organisation.

(c) to undertake in-service training of laboratory technicians.

Method:

The National Health Laboratory in Kabul will provide support to the laboratories already established at the Provinces and Basic Health Centres in the form of equipment and trained manpower.

In-service training for laboratory technicians will be conducted and organised at Kabul by the National Health Laboratory.

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Institutional Framework:

National Health Laboratory is a department within the Ministry of Public Health which supervises the laboratory work of provincial hospitals of the Dept. of Curative Medicines and health centres laboratories of the Basic Health Services Dept. Back up services are also provided to the National T.B. and Malaria Control Programmes.

Description of Project Activities	Location	Timing
Sub-project 1: IMPROVEMENT OF CENTRAL LABORATORY AND PERIPHERAL LABORATORIES	Kabul and 10 Peripheral Lab. in the provinces.	Continuous
Sub-project 2: SUPERVISION OF LABORATORY NETWORK IN THE COUNTRY	10 locations and Basic Health Centres.	Continuous
Sub-project 3: IN-SERVICE TRAINING FOR LABORATORY TECHNICIANS (25 PERSONS FOR ONE YEAR)	Kabul	May 1977

Government Inputs:

Manpower to the National and peripheral laberatories, premises, recurring cost in the form of chemical for operations at all levels will be provided by the National Laboratory.

Transportation cost of the in-service trainees will be borne by the Government.

UNICEF Inputs:

(i) Supply

Laboratory sets for 10 peripheral laboratories; lab. sets to 40 BHC laboratories (including 7 RDD Centres), Chemicals, Media and biological antigens, glass-ware and educational materials for central laboratory, 1 Toyota Landcruiser for training activities.

(ii) Non-Supply

Training

Perdioms @ Afs. 130 for participants obliged to travel and make night halts to attend the course, @ Afs. 65/- for local participants, @ Afs. 100 honoraria for lecturers and resource person.

Other Inputs:

WHO provides one technical advisor.

EARLY CHILDHOOD IMMUNIZATION

Background:

Tuberculosis, Measles, Diptheria, Pertussis, Tetanus and Poliomylitis are all communicable diseases which cause high morbidity and mortality among the children in the country and yet which could be controlled by mass routine immunization. For diseases like Polio-mylitis, Measles and Pertussis, natural infection exhausts the suceptible population at an early age, whereas for diseases like Tuberculosis and Tetanus, suceptibility is maintained beyond early childhood.

The Government undertook the Smallpox Eradication in 1969 and by 1973, the disease was eliminated (certified in 1976).

With the success of Smallpox eradication, the Government now wishes to expand the immunization service to children so as to protect them from other childhood diseases.

In general, vaccines are perishable products which can be stored for limited periods. The length of these periods vary within rather wide limits for various types of vaccines and according to their reactiveness to intense light. In any immunization programme, therefore, the vaccine must be stored, transported, and handled carefully and correctly.

Objectives:

General:

(a) To reduce incidence of communicable diseases among children, pregnan and lactating mothers.

Specific

Over the 7 Year Plan Period:

(a) To reduce Measles mortality by 90% from 310/1000 to 31/1000

(b) To reduce Diptheria and Pertussis mortality by 80% from 2/1000 to 0.4/1000

(c) To reduce Polio-mylitis mortality in urban areas

(d) To provide 85% of children 1-24 months of age with protection against Tetanus.

(e) To eliminate Miliary Tuberculosis,and Tuberculosis Meningitis among children.

(f) To introduce Tetanus Toxoid vaccination to pregnant mothers through BHCS.

(f) To establish a cold chain in support of the project.

(h) To conduct training for the mobile vaccination teams and BHC workers.

Method

In Afghanistan, satisfactory coverage is impossible if vaccination is restricted to the existing health institutions. So a dual approach of vaccination will be put into practice of (a) vaccination in hospitals, Basic Health Centers and MCH Clinics. (b) vaccination by special vaccination teams moving from village to village performing vaccination at collection points.

BCG, DPT and Measles vaccination will be applied to children in their first two years of life and Tetanus Toxoid vaccination to pregnant mothers. Polio-mylitis vaccination will only be provided for urban children of 0-2 years starting in the capital, Kabul.

For the launching of the programme,a National Expanded Immunization Directorate and Zonal offices will be established by reorganising the prior Smallpox Directorate and its Zonal offices.

Cold Storage facilities available with the Institute of Child Health will be used as the national storage centre for vaccines. Zonal offices of the MIPD will also be equipped with cold storage facilities to preserve vaccines received from Kabul. The vaccines will be transported to the zonal offices using "cold boxes". Locally produced cold boxes are now on trial. The vaccination mobile teams will be provided with car-battery operated refrigerators to carry the vaccines during field work.

Seminars for Doctors, supervisors, sanitarians, vaccinators will be organized in Kabul and zonal offices.

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Institutional Framework:

The present Smallpox Directorate has been redesignated "Expanded Immunization Programme (EIP) Directorate".

Authority for programme planning and implementation, co-operation with Provincial and other Government agencies, personnel management, supervision and assessment, vaccine distribution and utilization, surveillance, record keeping will be delegated to the zonal centre directors.

Vertical national programmes such as: TB and Malaria Control, and the network of Basic Health Centres will be organised to support the EIP. The Child Health Institute will supervise the effective operation of the Central Cold Storage facilities.

Description of Project Activities	Location	Timing
Sub-project 1: STRENGTHENING THE NATIONAL EXPANDED IMMUNIZATION DIRECTORATE		
1. Programme planning to finalize strategy of Immunization campaign and detail operational guidelines and instructions.	Kabul and Kandahar	First pha completed May 77
2. Supply of vaccines to the zonal offices.	Kandahar	April 77
3. Review of supply operations and establishment of new procedures of administration and supply control.	Kabul and Kandahar	August 77
Sub-project 2: ESTABLISHMENT OF "COLD CHAIN"		
1. Re-furbishing of Central Cold storage facilities.	ICH Kabul	March-Apr 77
2. Establishment of zonal cold storage	Kandahar	April/May 77

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Description of Project Activities	Location	Timing
Cont'd		
3. Production and trial of locally produced "cold boxes"	Kabul	August 7
4. Transportation of vaccine from zonal offices to villages using car-battery operated Refrigerators.	Kandahar	
(a) Trial		May 77
(b) Implementation		Aug 77
Sub-project 3: TRAINING OF EPI WORKERS		
1. Seminar for Doctors and supervisors (one week)	Kabul	April 7
2. Orientation Courses for BHC and MCH Staff (one week)	Kandahar other zones	Dec./May 77
3. Refresher course for sanitarians in EPI (10 days)	Kandahar other zones	Aug/ 77 Jan. 78
4. Field training of vaccinators (10 days)	Kandahar other zones	Apr.-May 77 Jan. 78
Sub-project 4: VACCINATION ACTIVITIES		
1. Immunization coverage "Pilot project"	Kandahar	May-July 77
2. Extension of Immunization campaign	Kandahar other zones	Sept 77 Dec 78

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Government Inputs

Personnel for the EIP Directorate, Zonal offices and vaccination mobile teams will be made available for the project.

Adequate office accommodation in each of the six zones for administration, and necessary space for storage of vaccines and other supplies will be made available by the Directorate of EIP.

Provision of resource persons for training of EIP Staff at all levels will be provided by the Directorate of EIP transport costs for participants and trainers will also be borne by government. Central Cold Storage facilities will be made available by the Child Health Institute. Transportation costs and perdiems for the mobile vaccination teams will be provided by the Directorate of EIP.

UNICEF Inputs:

(i) Supply

Vaccines	Doses	Date of expected arrival	
Measles	100,000	March	78
	50,000	25,000 June	77
		25,000 Mar.	78
Tetanus Toxoid	100,000	50,000 June	77
		50,000 Mar.	78
DPT	200,000	100,000 June	77
		100,000 Mar.	78
Polio-Myletis	150,000	75,000 June	77
		75,000 Mar.	78

Cold storage supplies: 2 Freezers, 2 (500L) Refrigerators, (Kerosene operated) 5 car battery operated refrigerators, 10 cold boxes, and 10 minimum and maximum thermometers.

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UNICEF Inputs:

Syringes	Type	No.	Expected Date Arrival
1 Ml	Non disposible glass syringes	250	March 78
2 Ml	"	250	March 78
Needles	for the above	10,000	March 78
2 Ml	Syringes	150	Dec. 77
5 Ml	"	150	Dec. 77
	Needles	600 Box	Dec. 77

(ii) Non-Supply

Training grants for 190 personnel perdiem @ Afs. 130 for participants obliged to travel and make night halts to attend the course and @ Afs. 65 for local participants. Honoraria for resource persons @ Afs. [illegible] per hour.

Other Inputs:

WHO will provide the technical advisor.

INITIAL SUPPORT TO LOCAL PRODUCTION OF DRUGS

Background:

The Avicenna Pharmaceutical Institute (Ministry of Public Health) has been producing for some time a limited range of generic drugs. These are made available to all levels of health services including Basic Health Centres. The Institute operates on a commercial principles yet provides drugs to government at minimum cost through 24 branches throughout the country. A WHO Advisor on Pharmaceutical quality control was appointed in 1976 and also provides advice on the production facilities of the Institute.

Plans have been considered for the establishment of a new factory with improved facilities and increased capacity. As a first step, a feasibility study has been prepared by a bilateral consultant in co-operation with the President of the Institute.

Objectives:

General:

(a) To assist in analysing the feasibility study and in the ordering of priorities for future drug production with e phasis on use by rural communities.

Specific:

(a) To provide consultant services for the above.

(b) To provide relevent in-country training for key personnel.

(c) To provide third country technical training for key personnel.

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Method:

Liason is already established with the Pharmaceutical Development Corporation of India which has considerable experience in the local production of drugs. The project provides for strengthening this institutional link through consultant services, establishing other links, and sharing relevant experiences.

Institutional Framework

The Avicenna Pharmaceutical Institute is a Dept. of the Ministry of Public Health. The Institute is responsible not only for the production of drugs but for ordering the drug requirements of all the Ministry of Health Services.

Description of Project Activities	Location	Timing
1. Short Term consultancy	Kabul	Dec. 77
2. In-country Training	Kabul	April 77
3. Visits	-	Aug. 77

Government Inputs:

Avicenna Pharmaceutical Institute will provide all necessary facilities for the consultant. The Institute will also organise all in-country training required as well as visits to other countries.

WHO Inputs:

(i) Non-Supply

Costs of consultancy services and local costs for in-services training and visits for selected personnel.

Other Inputs:

WHO Specialist in Pharmaceutical quality control.

RURAL WATER SUPPLY

Background:

The Rural Water Supply Programme began in 1972 in response to drought conditions of 1970 and 1971. Limited at first to the 12 most severely affected provinces, it was extended gradually from 1973 to cover all the provinces in the country as a national programme.

The need for a safe rural water supply and ground water development remains strong in the country. The terrain ranges from the Hindukush Mountains where there is an abundance of water but where it flows fast away, to the desert steppe of west Afghanistan where total rainfall is insufficient. The provision of safe drinking water is also the pre-condition of efforts in the field of health-care and nutrition, where at present infection from polluted water sources combines with malnutrition to result in an extremely high child mortality rate.

Objectives:

General

(a) the long-term objective is to provide to all the populatioh, facilities for safe drinking water and environmental sanitation.

Specific

(a) provision of safe drinking water to a further 300,000 beneficiaries in rural areas in 1977-78 through establishing:-

	1977
(i) piped water systems	25
(ii) shallow wells with handpumps	400

Providing these facilities on priority to health centres and schools.

(b) to increase the awareness amongst the rural population of the need for safe excreta disposal through:-

(i) linking environmental sanitation measures with the safe drinking water supply programme.

(ii) the construction of 20 demonstration latrines.

(c) development of an organisational structure for the effective maintenance of water systems/handpumps provided under the programme.

Method:

The technologies to be adopted will be:

(a) Village piped water system from deep wells/springs using power pumps or gravity flow using the following sequence of activities:-

- Sanitary survey
- Hydrogeological survey
- Drilling of wells
- Topographic survey
- Design
- Construction
- Inspection
- Handing over to community

(b) Handpumps fitted to deep/shallow wells.

- Sanitary survey
- Digging of wells by community and drilling
- Lining and sanitary protection of wells
- Handing over to community

(c) Maintenance will be approached through a two-tier system establishing:

(i) at village level, responsibility for simple preventive maintenance, greasing and tightening of bolts etc.

(ii) at zonal centre level, responsibility for heavier repair work on the handpump cylinder, rods etc.

(d) Priority will be given to health centres and educational institutions, and in 1977, to projects in the 3 Noted Provinces of Badakhshan, Oruzgan and Ghor.

Institutional Framework:

The programme will be organised through the Environmental Health Department of the Ministry of Public Health.

The Groundwater Department of the Soil Survey Authority (Ministry of Water and Power) will undertake the deep-well drilling detailed in the plan of action and be responsible for geohydrological surveys.

The Environmental Health Department will undertake the drilling and lining of shallow wells, construction of piped water systems and installation of pumps on deep-wells. The maintenance programme will also be organised through the zonal centres of the Environmental Health Department.

For site selection, the Environmental Health Department will be co-operating with the Basic Health Services Department (Ministry of Public Health), the Ministry of Education and the Rural Development Department in order to match the project activities in different sectors.

Description of Project Activities	Location (Zonal Centres)			Timing
	KANDAHAR	KABUL	KUNDUZ	
Sub-project 1: VILLAGE PIPED WATER SYSTEMS				
1. Spring or large hand-dug wells			Baghlan	March 77
	Ghor			June-Sept. 77
		Paktia		August 77
		Badghis (2)		June-Sept. 77
		Parwan (3)		June-Sept. 77
2. Distribution system for existing drilled wells	Kandahar (2)			Nov.-Jan . 78
	Oruzgan (3)			June-Sept. 77
	Ghazni			June-Aug . 77
	Nimroz			June-Sept. 77

Description of Project Activities	Location (Zonal Centres)			Timing
	KANDAHAR	KABUL	KUNDUZ	
		Kabul		June-Sept 77
		Paktia		November 77
		Nangahar		December 77
		Logar		June-Sept 77
		Bamyan		August 77
		Wardak (2)		June-Sept 77
			Samangan	April-May 77
				Oct-March 78
3. Drilling of deep-wells	Helmand (2)			Feb-March 78
	Ghazni			August 77
	Herat			September 77
		Kabul		April-May 77
		Nangahar (2)		Sept-Dec 77
		Logar		October 77
			Faryab (2)	October 77
			Jowzjan (3)	June-Sept 77
			Kunduz (3)	July-Nov. 77
			Takhar (2)	May-July 77
			Badakshan (2)	Aug-Sept 77
	Farah			Jan.-Feb. 78
		Paktia		August 77
4. Extension of existing systems			Paktia	
			Baghlan	

Description of Project Activities	Location (Zonal Centres)			Timing
	KANDAHAR	KABUL	KUNDUZ	
Sub-project 2: INSTALLATION OF HANDPUMPS				
1. Shallow or deep wells	150			continuous
		100		"
			150	"
Sub-project 3: MAINTENANCE PROGRAMME				
1. Field training of technicians/sanitarians	10			May-July 77
			10	Aug-Sept 77
		10		Nov-Dec. 77
2. 3 training courses in Kabul		75		Dec-Jan 78
3. Establish 5 workshops in Mazar-i-Sharif Kandahar Herat Kunduz Kabul (TEMO)				
4. Staff workshop (pattern of 1 motor mechanic and 2 helpers per workshop)				
5. Establish 5 Mobile Teams				

Government inputs

Salaries and allowances of local personnel, local material supply and operational costs of offices, transport etc. are provided by the Environmental Health Department (Ministry of Public Health).

The Soil Survey Authority (Ministry of Water and Power) provides manpower for geohydrological survey and for deep-well drilling. Laboratory facilities for water quality testing are also provided by the Water and Soil Survey Authority.

UNICEF inputs:

(i) Supply

UNICEF will provide PVC & GI pipeline and fittings, handpumps, power pumps, 3 light compressors, well casing/screen, transport and spares for the programme of EHD. Utility hoists and a minibus will be provided for the maintenance programme.

UNICEF will also review its position on the provision of funds for further supplies if the trend of programme requires it by the end of 1977.

For the deep-well programme organised through WAPA, UNICEF will seek from a special donor (noted funds) the provision of 2 heavy drilling rigs, compressors and support trucks, and well casing and screen. Provision will be made through regular funds for rig-spare parts and cable, and laboratory equipment for water quality testing undertaken by WAPA.

(ii) Non-supply

UNICEF will provide stipends for field training in the 3 Noted Provinces of Oruzgan, Badakshan and Ghor, for a specified number of teams on the basis of work plans, and at the rate of 3 x the government per diem. (This assistance will begin 1 July 1977 and end 1 January 1978, and will jointly be monitored by EHD and UNICEF.

UNICEF will provide stipends for training in Kabul, and the cost of sending one geohydrologist for training in abroad at Delft University (Holland).

Costs of the RWS Team Leader, Field Project Officer, Geohydrologist, Pump Technician and support staff, will also be provided by UNICEF.

UNICEF will seek from a special donor the cost of a 3 man-month consultancy to review programme possibilities in the field of environmental sanitation.

Other inputs:

WHO will provide technical assistance in the form of the services of a sanitary engineer.

CURRICULUM DEVELOPMENT FOR PRIMARY EDUCATION

Background:

The new curricula for primary education has been developed by Afghan specialists with support from Columbia University (TCCU - USA) since 1964. Manuscripts have been completed for pupils books and teachers guides for grades 1-6 and have been printed for grades 1-4. As the primary cycle has recently been extended to grades 7-8, manuscripts for these grades have been partially completed and are expected to be finalised by the end of 1977. Printing is being undertaken by the Education Press.

The Division of Curriculum and Text Books of the Department of Compilation and Translation has been actively involved in introducing the new materials through meetings with the staff of the Department of Primary Education.

As part of the phased introduction of new materials, all text books of grade 1 to 3 have been distributed to primary schools, and several subjects from grades 4 to 6 have been discussed with the Department of Primary Education.

Objectives:

General:

(a) to ensure that the new text books are effectively used by primary school teachers.

Specific:

(a) to conduct workshops for key personnel in the provinces to familiarize them with the new text books and to help key staff introduce these in primary schools.

(b) to introduce relevant new materials in the curriculum as a part of the process of continually updating it.

Method:

A number of workshops will be organised to introduce the new material to provincial staff, especially provincial inspectors who are responsible for giving professional guidance to primary teachers.

Institutional Framework:

The project will be organised by the Department of Compilation and Translation through its Division of Curriculum and Text books. Technical advice will be given by members of Columbia University Advisory team. Liaison is established with the Primary Education Department, (Ministry of Education) which is responsible for provincial inspectors and primary classroom teachers, and with the Teacher Training Department (Ministry of Higher Education), responsible for training of teachers.

Description of Project Activities	Location	Timing
1. Final proposal of the plan to conduct workshops	Kabul	2nd May 77
2. Six workshops for education staff of 27 provinces covering 480 participants	Kabul and Provinces	January 77 to January 78
3. In-service orientation for teacher educators of the Teacher Training Institutions	Kabul and Provinces	August 77 March 78

Government inputs:

Organisation of the training plan and provision of lecturers for workshops will be made by the Department of Compilation and Translation, Ministry of Education.

The Primary Education Department will ensure that its staff will be available for the workshops

The Department of Primary Education will provide transport costs for the participants of training courses.

UNICEF inputs:

(i) Supply

Stationery for instructional material for the courses

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(ii) Non-supply

Honoraria for lecturers @ Afs. 100 per hour
Per diem for participants obliged to travel and make night halts to attend the course at @ Afs. 130 and @ 65 Afs. for local participants.

Other inputs:

The Teacher College Columbia University team (financed by USAID) has been assisting the Compilation and Translation Department in producing the manuscripts since 1964. This support is to be phased out in the period 1978/79.

SUPPLEMENTARY MATERIALS FOR PRE-SERVICE TRAINING FOR TEACHERS

Background:

New curricula for primary school teacher training has been developed at the Teacher Training Academy, Kabul, in order to match the new curriculum recently developed for the primary schools by the Department of Compilation and Translation.

The Department of Teacher Training intends to incorporate the new curricula in the teacher training syllabi through developing supplementary materials and guides for instructors and students of teacher training institutions.

Objectives:

General

(a) to ensure that the new primary school teachers are familiar with, and can effectively use the new text books.

Specific

(a) to publish and distribute 20 titles of supplementary materials for instructors and students of Teacher Training Institutes (for 6,000 students and 6,000 teachers).

(b) to train the instructors of Teacher Training Institutes in the use of the supplementary materials

(c) to conduct seminars for administrators, head of departments of T.T. Colleges to increase their awareness and help them introduce the new curricula.

Method:

Training courses will be organised to introduce the supplementary material to instructors of Teacher Training Colleges.

Seminars will be organised to evaluate the progress of the implementation of new curriculum to administrators, and heads of the departments of T.T. Colleges.

Institutional Framework:

The project will be organised by the Department of Teacher Training (Ministry of Higher Education) with the technical advice of the Teacher Training Academy and Kabul University. Liaison is established with the Department of Primary Education, Department of Compilation and Translation through its Division of Curriculum and Text Books, (Ministry of Education.)

Description of Project Activities	Location	Timing
1. Production of 20 titles of supplementary text-books	Kabul	
(a) Manuscripts		June 77
(b) Mimeographing		January 78
2. Training of instructors of Teacher Training Colleges in the use of new supplementary instructional material	in 14 Colleges	February 78
3. Distribution of supplementary materials to students of T.T.I and teacher educators	14 Colleges Kabul and Provinces	May 78
4. 3 seminars for administrators, head of departments of T.T. Colleges on the subject of better methods of teaching, and on the subject of vocational training	Kabul	August 77 Dec. 77 January 78

Government inputs:

Mimeographing of 20 titles of supplementary materials will be undertaken by the Department of Teacher Training, Ministry of Higher Education. Planning and implementation of the training and seminars will organised by the Department of Teacher Training.

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The Teacher Training Academy will provide the facilities to publish the 20 titles of supplementary materials.

The Department of Teacher Training will provide transportation cost of participants for the training and seminars.

UNICEF inputs:

(i) Supply

paper, stencil, ink, typewriter, cover paper and accessories for production of 20 titles of supplementary materials.

(ii) Non-supply

per diem for participants obliged to travel and make night halts to attend the course @ Afs. 130 and @ Afs. 65 for local participants.

honoraria @ Afs. 100 per hour for lecturers and resource personnel.

Other inputs:

UNESCO experts are assigned to the Academy of Teacher Training and additional experts are expected to advise Teacher Training in programme planning.

Three German Volunteers will act as advisors at the provincial T.T. Institutes in Parwan and Paktia.

IN-SERVICE TRAINING OF PRIMARY SCHOOL TEACHERS

Background:

There are approx. 17,000 primary school teachers in the country serving in 4,000 primary schools.

5,000 teachers have been given in-service training over the years 1975-1976 as part of an overall programme for the introduction of new curricula.

This Master Plan of Operation provides for a continuation of this orientation of teachers in the use of the new text books. National coverage is expected to be completed by 1979.

Objectives

General

(a) to ensure that serving primary school teachers can use the new text books effectively.

Specific

(a) to train 5,000 primary school teachers in the use of the new text-books and other elements of the new curriculum.

(b) to expose the teachers to a more practical teaching situation and encourage the use of locally available materials to improve their teaching skills.

Method:

In-service training courses will be organised to introduce the new text-books andother elements of the new curriculum to primary school teachers. These will be conducted by mobile teams from the Department of Primary Education travelling from province to province.

Institutional Framework:

The Project will be organised by the Department of Primary Education through its In-service Training Division.

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The Audio-visual Section of the Primary Education Department will provide simple teaching aids in support of the project. Liaison will be established with the Department of Compilation and Translation through its Division of Curriculum and Text Books.

Description of Project Activities	Location	Timing
1. Training for primary school teachers (5,000 participants to be trained)	Balkh Jauzjan Fariab Samangan Logar Paktia Maimana	Starting August 77 to March 78

Government inputs:

Organisation of the training plan and provision of resource personnel for in-service training of the Primary School teachers will be made by the Department of Primary Education, Ministry of Education.

The Primary Education Directors of the Provinces of Balkh, Jauzjan, Fariab, Samangan, Logar, Paktia and Maimana will ensure that the primary school teachers in their provinces will be available for the in-service training. The Audio-visual Centre will provide silk-screened training aids, science kits etc.

The Primary Education will provide transport costs of the participants of training courses.

UNICEF inputs:

(i) Supply

Stationery for instructional material for the courses

(ii) Non-supply

Per diem for participants obliged to travel and make

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night halts to attend the course at Afs. 130 and @ Afs. 65 for local participants.

Honoraria for resource personnel for courses @ Afs. 100 per hour.

EDUCATIONAL ACTIVITIES IN NUTRITION
(FACULTY OF PHARMACY)

Background:

At the present time, there is no comprehensive national nutrition programme in Afghanistan, although limited activities are being carried out in the different sectors and Ministries. A Department of Nutrition was established in the University of Kabul in 1976 as part of the Faculty of Pharmacy. Its function in co-operation with the Public Health Institute (Ministry of Public Health) is to train nutritionists to staff provincial hospitals and eventually to provide at least one nutritionist at each provincial hospital.

Objectives:

General

(a) to create an increased awareness of the problems of nutritional deficiencies as found in the country.

Specific

(a) to improve the curriculum for training of nutritionists by providing material illustrating specific nutritional problems.

(b) to develop from the curriculum materials, publications for wider use to raise the general awareness amongst policy-makers, for use in particular projects and by the general public.

(c) to lay ground-work for the development of a National Nutrition Programme.

(d) to conduct surveys on Food Habits and Nutrition

(e) to conduct visit to India jointly with P.N.I. to review Nutrition Projects.

Method:

Translations will be made from lecture notes already in use in the Department of Nutrition under the guidance of the visiting professor of nutrition (ITEC). A slide bank will be developed from

photographs taken by a professional photographer under the guidance of the Department of Nutrition.

An adaptation of a standard manual on feeding and weaning habits by Margaret Cameron and Yngve Hofvander will be researched and developed according to Afghan cultural conditions by the Department of Nutrition.

An editorial committee will be formed and selected from existing materials for the publication of the first editions of a Nutrition Quarterly Magazine.

A seminar and visit abroad by key personnel will be the first steps in the development of a National Nutrition Programme. The itinerary for the visit abroad will be finalised in consultation with UNICEF (Kabul, and South Central Asia Regional Office, New Delhi).

Institutional Framework:

The Department of Nutrition of Kabul University will lead the activities described above in collaboration with the Public Health Institute (Ministry of Public Health). Specialist advice on the problems of nutrition affecting children and mothers will be provided by the Institute of Child Health.

The editorial committee will be set up drawing on personnel from the Ministry of Public Health and the University, and the materials produced will be designed for use in MCH, Basic Health Centres and Women's programme.

Description of Project Activities	Location	Timing
Sub-project 1: TRANSLATION OF SELECTED TOPICS ON NUTRITION FOR STUDENT-NUTRITIONISTS AND PREPARATION OF SLIDE BANK		
1. Mimeographing and distribution of material to students	Kabul	Sept. 77
2. Production of slides	Kabul	January 78

Description of Project Activities	Location	Timing
Sub-project 2: ADAPTATION OF "MANUAL ON FEEDING INFANTS AND YOUNG CHILDREN"	Kabul	-
1. Research	Country wide	-
2. Drafting	Kabul	-
3. Publication	Kabul	-
Sub-project 3: PUBLICATION OF SELECTED ARTICLES ON NUTRITION AND TRIAL OF QUARTERLY MAGAZINE		
1. Forming of editorial committee	Kabul	October 77
2. Selection of articles	Kabul	Nov. 77
3. Distribution to selected institutions and review	to be decided	Dec. 77
Sub-project 4: NATIONAL SEMINAR ON NUTRITION		
1. Joint committee formed		Sept. 77
2. Development of strategy for seminar		Nov. 77
3. Seminar		Nov-Dec 77
Sub-project 5: FOOD HABITS SURVEYS BY STUDENTS		
1. Design of proforma to be used by students	University	Sept. 77
2. Orientation of students use of survey design	"	Sept. 77
3. Field visit by the students during vacation	60 Villages	Feb. 78
4. Analysis of results	University & P.H.I	May 78

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Description of Project Activities	Location	Timing
Sub-project 6: VISIT OF NUTRITIONISTS ABROAD	Hyderabad & selected Field projects	March 77

Government inputs:

The Department of Nutrition together with Public Health Institute will make available staff to develop the materials described in the project activities. Production of curriculum materials for student-nutritionists will be the responsibility of Kabul University and the quarterly magazine published and distributed by the Public Health Institute.

UNICEF inputs:

(i) Supply

Gestetner machine, stencils, ink, paper
Production costs of slide bank
Reference materials on nutrition

(ii) Non-supply

Cost of research and adaptation of manual;
Costs of resource persons for national seminar
Per diems, air tickets for 3 university staff to visit India.

Other inputs:

Indian Technical and Economic Co-operation is providing the services of one visiting professor of nutrition assigned to the Department of Nutrition, Faculty of Pharmacy, Kabul University.

PRACTICAL TRAINING FOR MEDICAL STUDENTS (FACULTY OF MEDICINE, KABUL UNIVERSITY)

Background:

In a country health programme that places emphasis on preventive medicine as well as curative medicine, the teaching programme in the medical colleges of Kabul and Nangarhar Universities will be modified, so that future graduates have wider knowledge of the field of Public Health. This project aims to reinforce this development, particularly around the field training centre of the Faculty of Medicine in Kariz Mir on the outskirts of Kabul.

Objectives:

General:

(a) to give effective field practice in rural public health to a first group of students from Kabul University in the final year of their medical training.

Specific

(a) to introduce elements of community medicine in the curriculum of the Faculty of Medicine, Kabul University by sending a joint team to establish liaison with the Institute of Rural Health, Tacloban, Leyte Island, Philippines. (See Village Health Workers Project).

(b) to study the socio-economic conditions relevant to health and diseases in the rural areas, using Kariz Mir Training Centre and its environment as a social laboratory.

(c) to investigate the public health problem of different regions of the country through survey programmes, and to build up a slide bank showing local diseases. (See Project: Educational Activities in Nutrition).

Method:

A joint team of an official of the Ministry of Public Health responsible for primary health care and university staff will visit

the Philippines innovative Institute of Rural Health, Tacloban, Leyte for 2 weeks and undertake discussion with the staff of the University of the Philippines particularly on the "ladder" curriculum for possible adaptation to Afghan conditions.

The Faculty of Medicine of Kabul University will undertake its scheduled training programmes, continuing to develop its approach to community medicine by using Kariz Nir Field training centre to reproduce field conditions likely to be encountered at BHCs by students after graduation.

The survey of public health problems will be conducted and supervised by members of Faculty of Medicine, Kabul University through assigning students to stay in 60 selected villages throughout the country.

Institutional Framework:

The Faculty of Medicine, Kabul University is established within the Ministry of Higher Education. This project will be carried out by the Faculty of Medicine, through its division of Community Medicine. The Nangarhar University, (Medical College) will also be associated with the project.

The new curriculum will be developed jointly with the Ministry of Public Health and Faculty of Medicine, Kabul University. The graduates of the Faculty of Medicine are expected to serve in Basic Health Centres for a period of at least two years after graduation.

Description of Project Activities	Location	Timing
Sub-project 1: CURRICULUM CHANGE		
1. Visit of joint team to Philippines	Tacloban, Leyte, Philippines	August 77
2. Submission of report of the joint team visit to Philippines	Kabul	Oct. 77

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Description of Project Activities	Location	Timing
3. Forum of joint meeting amongst MOPH, University, UNICEF and WHO to discuss the joint team visit report to the Philippines	Kabul	November 77
Sub-Project 2: PUBLIC HEALTH SURVEYS		
1. Design of Survey	Kabul	August 77
2. Orientation of students in survey techniques	"	August 77
3. Visit to villages	60 selected Villages	August 77
4. Analysis of data		
Sub-project 3: DEVELOPING OF SLIDE BANKS RELATED TO LOCAL DISEASES	Kabul	June 78

Government inputs:

The Ministry of Public Health and the Faculty of Medicine will release the selected officials to visit the Philippines and undertake to incorporate whatever is found to be appropriate in the curriculum of medical students.

Expenditure for transportation costs and stipends for students conducting survey in the villages will in the future be provided by the Faculty of Medicine.

UNICEF inputs:

(i) Supply

One set of BHC supplies and equipments for Kariz Mir, slide viewers and slide projector.
Reference books on Community Medicine for Faculty of Medicine Library.

Stationery, typewriters, Gestetner machine.

(ii) Non-supply

Cost of visit to Philippines

PRE-SCHOOL EDUCATION

Background:

In many parts of the country, conservative attitudes to women constrain their full participation in the development of the country. The Afghan womens Organisation was established as a non-profit making enterprise in 1946 to provide wider opportunities for women. Promotion of social services for children, mothers and young women is the main emphasis of the organisation.

Objectives:

General

(A) to experiment in the provision of day-care facilities for children and to further improve the MCH clinics attached to Afghan Womens Organisation centres in Kabul and 12 provinces.

Specific

(a) to establish one day-care centre for the children of working mothers in the underserved urban area of Khair Khana, Kabul.

(b) to provide supplies and equipment to 14 MCH clinics attached to Afghan Womens Organisation centres.

Method:

One additional day-care centre will be established in Khair Khana and this will be used as a demonstration centre in the delivery of health services integrated with pre-school education.

Institutional Framework:

The project will be organised by the Afghan Womens Organisation of the Ministry of Education through its Division of Day-care Centre and MCH clinics, in Kabul and the provinces. Liaison is established with the Department of Teacher Training, Ministry of Higher Education which is responsible for provision of trained pre-school teachers, and the Department of Preventive Medicine which provide health facilities (manpower, vaccines etc.)

Description of Project Activities	Location	Timing
1. Renting of building for Day-care Centre	Khair Khana	Dec. 77
2. Purchase of equipment for the Day-Care Centre		Jan. 78
3. Day-care Centre in operation	Khair Khana	Mar. 78
4. Provision of equipment for the MCH clinics	Kabul and 12 provinces	Mid 78

Government inputs:

Premises will be rented by the Afghan Womens Organisation for the Day-care Centre in Khair Khana, Kabul. Organisation and distribution of supplies and equipments for the MCH clinics in 14 provinces will be conducted by the Afghan Womens Organisation. Trained teachers will be provided by the Department of Teacher Training of the Ministry of Higher Education. The Department of Preventive Medicine will provide Health manpower to serve the MCH clinics of the Afghan Womens Organisation and other necessary supplies, such as vaccines, medicines, diluents etc.

UNICEF inputs:

(i) Supply

(For the Day-care Centre in Khair Khana:)

Simple locally procured furniture and medical supplies for the 14 MCH clinics (medicines, refrigerators and vaccine through the Department of Preventive Medicine, Ministry of Public Health.)

INTRODUCTION OF CHILD CARE EDUCATION THROUGH FUNCTIONAL LITERACY PROGRAMME FOR WOMEN

Background:

The Adult Literacy Programme is operating in 100 rural and urban locations distributed throughout 6 provinces of the country. Since 1976 the project has given attention to the needs of women, among whome the rate of literacy is lowest. This project explores approaches to include child care education as part of the Functional Literacy Programme.

Objectives:

General

(a) to improve child care practices.

Specific

(a) to introduce the elements of child care, better family living and related skill training into the curriculum of the Functional Literacy Programme in 100 locations.

(b) to improve teaching methods by utilizing simple locally available materials and audio-visual aids.

Method:

Training courses will be organised for instructors in the use of instructional material derived from local available material. The trained instructors (mostly women) will apply these teaching methods in the Functional Literacy Programme.

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Institutional Framework:

The Project will be organised by the Directorate of Adult Educational and Functional Literacy (Ministry of Education) through its Audio-Visual and Publication Section. Advice will be given by UNESCO expertsattached to the Directorate. Liaison for technical inputs is established with: The Department of Environmental Health, the Public Health Institute, the Department of Preventive Medicine, Department of Curative Medicine, (Ministry of Public Health), Department of Extension (Ministry of Agriculture) and the Rural Development Department.

Description of Project Activities	Location	Timing
1. Development of curriculum	Kabul	May-June 77
2. Production of instructional materials	Kabul and Provinces	July 77 continuous
3. Training for instructors to familiarize them in new curriculum and instructional materials.	Kabul	August 78
4. Functional Literacy training activities using new approaches	100 locations	December 77

Government inputs:

Premises and the organisation of training for instructors and functional literacy programme in 100 location will be made available by the Directorate of Adults Education and Functional Literacy, Ministry of Education.

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UNICEF Inputs:

(i) Supply

Stationery, portable black-boards, tape recorders and play-back cassette machines.

(ii) Non Supply

Per diem for instructors attending training in Kabul @ Afs. 130 per-diem for participants obliged to travel and make night halts to attend the course and @ Afs. 65 for local participants. Honoraria for resource persons in Kabul at @ Afs. 100 per hour.

Other Inputs:

UNESCO has provided a lady expert in non-formal education for women since late 1976.

TEMO, (TRANSPORT EQUIPMENT MAINTENANCE ORGANIZATION)

Background:

From 1965 to 1973, UNICEF has assisted the Ministry of Public Health with technical advice in order to develop an efficient maintenance organization, the advice being given through periodical visits by the Regional UNICEF Transport Adviser stationed in New Delhi, India. From 1973, technical advice has been given by a UNICEF Transport Adviser stationed in Kabul.

In February 1973, a Plan of Operation for the development of a Transport Equipment Maintenance Organization was signed. Since that time TEMO has been developed with the construction of buildings and arrival of equipment provided by UNICEF.

Objectives:

General:

(a) To ensure that equipment provided by UNICEF to the various ministries is maintained properly.

Specific:

(a) To minimize vehicle and health equipment break-down.

(b) To keep operational maintenance and repair costs to a minimum.

(c) To prolong the economic working life of the fleet and equipment.

(d) To undertake training of the TEMO technical staff.

Method:

The TEMO will be further built up through developing central workshops in Kabul for transport and health equipment repair, through developing provincial workshops (in cooperation with the Rural Water Supply Project), and through developing mobile units working out from above mentioned workshops.

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Institutional Framework:

The Transport Equipment Maintenance Organization is established as a department within the Ministry of Public Health, the head of the department responsible and reporting directly to His Excellency the Minister of Public Health and/or the Deputy Minister of Public Health. Use of TEMO by other ministries using UNICEF equipment will be encouraged but charges will be made according to labour costs and sharing of overheads.

Description of Project Activities	Location	Timing
1. Organize and recruit the personnel in TEMO in 4 sections for a. vehicle repair b. health equipment repair c. training and d. cost control.	Kabul	May 77
2. Establish and organise provincial workshops	Kandahar, Herat Mazar and Kunduz	
3. Establish and organise mobile units working out from above workshops	Kandahar, Herat, Mazar and Kunduz	
4. Establish and organise central workshops for vehicle and health equipment repair	Kabul	May 77
5. Establish and organise a vehicle spare parts organization.		June- 77
6. Develop a Vehicle Administration Control Section for control of vehicle utilization, cost control, and maintenance scheduling.		dependent on (1)
7. Establish training sections with training programmes for drivers, automechanics, and technicians in health equipment repair.	Kabul	Continuous

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Government Inputs:

Buildings and physical facilities (a central workshop-complex in Kabul for the use of TEMO is very near its completion). The operational costs of running the TEMO-organization. Appropriate funds for supplies and spare parts, staffing, especially qualified personnel for the vacancies on the Management level.

UNICEF Inputs:

(i) Supply

4 heating units for the TEMO complex and spare parts for the UNICEF fleet.

(ii) Non-Supply

Assistance covering training costs and the salary of the TEMO consultant. TEMO assistant and support staff.

Other Support

The US Peace Corps has expressed interest in providing TEMO with two Peace Corps Volunteers as instructors in automechanics and health equipment repair.

SUPPLY FLOW

Background:

In 1974, the Central Warehouse was inaugurated. But only during the latter part of 1976 were UNICEF supplies finally transferred from the old storerooms to the new Warehouse, situated in grounds close to the TUMO.

A new supply system was established following the recommendation of the "Management Team" under the Ministry of Public Health with bilateral assistance from USAID.

UNICEF supplies, which amount to almost 70% of the total equipment stored under the Ministry of Public Health, have been allotted almost half of the floorspace of the Central Warehouse.

Although the physical condition of the Warehouse is excellent, the system of arrival, storage, distribution and release of UNICEF equipment requires urgent revision,

Objectives:

General

(a) To improve the present operation of the Central Warehouse.

Specific

(a) To ensure a smooth flow of equipment through Central Warehouse and an accelerated release of equipment to the projects.

(b) To simplify procedures governing the movement of supplies.

(c) To improve physical facilities of the Warehouse and its compound.

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Method:

A review of procedures and storage methods will begin after the appointment of a consultant and a qualified UNICEF warehouse assistant, in collaboration with the Director of the Warehouse and his staff. A cardex system will be introduced for better inventory control and timely re-ordering.

Fire precaution facilities will be installed, ventilation and heating in storage rooms will be improved, and handling methods by the preparation of pallettes/crates and the installation of an improved lift between floors of the warehouse. An open shed will be constructed in the compound to give protection to vehicles parked in the warehouse and Rural Water Supply G.I. pipes.

Institutional Framework:

The Central Warehouse is part of the Department of Administration, Ministry of Public Health, and the UNICEF staff will work in close collaboration with the Director of the warehouse. The Ministry of Public Health will be responsible for storage and release of all goods provided by UNICEF, for whatever Ministries or Departments they are consigned.

Description of Project Activities	Location	Timing
1. Appointment of Warehouse Advisor	Khair Khana	-
2. Appointment of warehouse assistant	"	May 77
3. Review of procedures	"	June-Dec 77
4. Improvement of storage methods	"	"
5. Improvement of physical facilities	"	
Fire precautions		Nov. 77
Handling facilities		July 77
Ventilation		Nov. 77
Compound shed		-
Heating for warehouse		-

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Government Inputs:

Staff salaries of warehouse personnel, cost of fire precaution system, ventilation unit, and open shed in the warehouse compound.

UNICEF Inputs:

(i) Supply

Two heaters, lift and pallettes, and vehicle.

(ii) Non-Supply

Costs of consultancy, salary of warehouse assistant, occasional labour costs and Stipends for in-country training.

Other Inputs:

Management Team (USAID) provides advisory services.

DEVELOPMENT ACTIVITIES

COUNTRY PLANNING

Background:

The longer term planning goal of this Master Plan of Operation is the delivery of inter-related services to the target groups of infants and pregnant and lactating mothers.

At the time of preparing it however, the Government of Afghanistan was in the last stages of finalising its Seven Year Development Plan. In that context it was mutually agreed between UNICEF and the Government that 1977 would be seen as a transitional year which would be used to plan in detail a Five Year UNICEF Country Programme that would match and support the Government's Seven Year Plan.

Objectives:

General

(a) to join the Government in building a country programme of inter-related services for children covering a 5-Year period matching the Seven Year Development Plan.

Specific

(a) to gather information on and define the problems affecting children and their mothers in Afghanistan

(b) to set objectives and develop a strategy from concerned sectors that will be within the resources of Government and UNICEF.

(c) to formulate a programme for five years and identify projects for 1978 that will be undertaken by Government and which will require assistance from UNICEF.

Method:

A Country Programming will be developed jointly between the Ministry of Planning and UNICEF. Concerned ministries will take-up

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planning exercises with the focus on the problems of children. Information gathering on nature of the problems and alternative strategy suggestions will be explored by the line ministries and UNICEF. The overall strategy will emerge from a joint ministerial review sponsored through the Ministry of Planning. This will lead to a Recommendation by UNICEF Kabul to the 1978 Executive Board for resources for a 5-Year Programme.

Institutional Framework:

The Ministry of Planning will sponsor and lead the Country Programming exercise. The Ministries of Health, Education, Higher Education, Water and Power and the Department of Rural Development will actively engage in planning their respective sectors.

Description of Project Activities	Location	Timing
1. UNICEF - Ministry of Planning joint meeting to decide approach to Country Planning Exercise.		Mid August
2. Joint meeting concerned ministries for launching Country Programming exercise and establishing terms of reference.		Mid August
3. Information collection and review of programmes/services directed to children and mothers.		Mid August Mid Sept.
4. Definition of problems and setting of objectives.		Mid Sept.
5. Preparation of alternative strategies		Mid Sept. End Sept.
6. Constraint analysis of alternative strategies and review in joint ministerial meeting		End Sept. Mid October
7. Formulation of programme and project selection		Mid October Mid November

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Description of Project Activities	Location	Timing
8. Final review of Draft Recommendation with Ministry of Planning		End November
9. Recommendation to UNICEF Executive Board		Mid December

Government inputs:

The Ministry of Planning will lead the programming exercise appoint a senior planner as co-ordinator for the entire period of the programming exercise.

All Ministries concerned will appoint a senior officer to develop background material and act as contact for inter-departmental points of discussion.

Government will also allocate resources at the end of the planning exercise to launch and carry the programmes over 5-years.

UNICEF inputs:

(i) Non-supply

UNICEF will support information gathering/research on the problems of children and attendance of participants at international seminars on planning for children.

UNICEF will also provide short-term consultant services to strengthen Country Planning Process.

NEW PROJECT DEVELOPMENT

Background:

As this Master Plan of Operation covers a transitional period of one year that will be used to lead into a major programme of services for children spanning five years, it is important that this Master Plan of Operations is a flexible one.

Objectives:

To support limited yet important activities of strong interest to UNICEF that are developed in the current year and will be taken up by Government in the remaining years of the Seven Year Development Plan.

Method:

Projects will be considered in the context of their role of bringing existing services together and their priority to the Government. As funds are limited, activities supported in the current year will be of a catalytic nature.

UNICEF inputs:

US$ 15,000 available for new project development activities.

REIMBURSABLE PROCUREMENT

Background:

As the industrial base in Afghanistan is still limited, the Government has been making considerable use of the services of reimbursable procurement provided by UNICEF. Most of the equipment procured under this programme has been used by the Ministry of Public Health. The Government has expressed its interest to increase its purchases through reimbursable procurement. Up until now the necessary clerical and documentation has been handled by the Supply Section of the UNICEF Country Office.

Objectives:

General:

To provide for increased reimbursable procurement in the context of UNICEF's five year assistance programme.

Specific:

To organise a unit within the UNICEF Country Office to provide the above service.

Government Inputs:

The concerned Ministries will provide necessary specifications and lists of equipment required.

UNICEF Inputs:

UNICEF will provide one additional staff member.

SUMMARY OF UNICEF FINANCIAL INPUTS

The UNICEF Executive Board at its 1977 session approved of US $2,781,000 for the implementation of the programme described in this Master Plan of Operation. In addition, the Board approved a 'noted' component of US $644,500 for the Rural Water Supply project and the Early Childhood Immunization project. The expenditure of these additional funds depends on their availability from donor Governments.

The deployment of the allocations from general resources is as follows:

Project	Allocation (US $)	(US $)
RURAL DEVELOPMENT		237,500
Ghorband Integrated Rural Development Project (Basic Services for Children)	237,500	
DELIVERY OF HEALTH SERVICES		1,356,900
Basic Health Services	636,900	
Village Health Workers	13,800	
T.B. Control	250,400	
Malaria Control	99,000	
In-Service and Pre-Service Training for Health Workers (Public Health Institute)	111,100	
Delivery of Specialised Services for Children (Institute of Child Health)	36,300	
National Nursing Services	45,400	
National Health Laboratory Services	86,000	
Early Childhood Immunization	28,000	
Initial Support to Local Production of Drugs	50,000	

Project	Allocation (US $)	(US $)
RURAL WATER SUPPLY	631,600	631,600
EDUCATION		283,500
Curriculum Development for Primary Education	8,200	
Supplementary Materials for Pre-Service Training for Teachers	119,200	
In-Service Training of Primary School Teachers	76,500	
Educational Activities in Nutrition (Faculty of Pharmacy)	35,200	
Practical Training for Medical Students (Faculty of Medicine)	10,300	
Pre-School Education	10,000	
Introduction of Child Care Education through the Functional Literacy Programme for Women	22,500	
Contingency	1,600	
SUPPORT ACTIVITIES		169,500
Transport and Equipment Maintenance Organisation (TEMO)	115,500	
Supply Flow	54,000	
DEVELOPMENT ACTIVITIES		102,000
Country Planning	76,000	
New Project Development	15,000	
Reimbursable Procurement	11,000	
TOTAL		2,781,000
'NOTED' COMPONENT		644,500
Rural Water Supply	456,500	
Early Childhood Immunization	188,000	

Further details of UNICEF assistance are given in the Basic Assistance List (BAL AFG/G7127

The following items were given advance financing in order to permit certain project activities to get underway immediately. They are additional to the general resource funding for 1977-78 as stated above.

Project	Allocation US $	US $
ADVANCE AUTHORISATION		98,900
Village Health Workers	20,600	
Public Health Institute (Shewaki Training Centre)	1,200	
T.B. Control	37,200	
Child Health Institute	20,900	
Curriculum Development for Primary Education	19,000	